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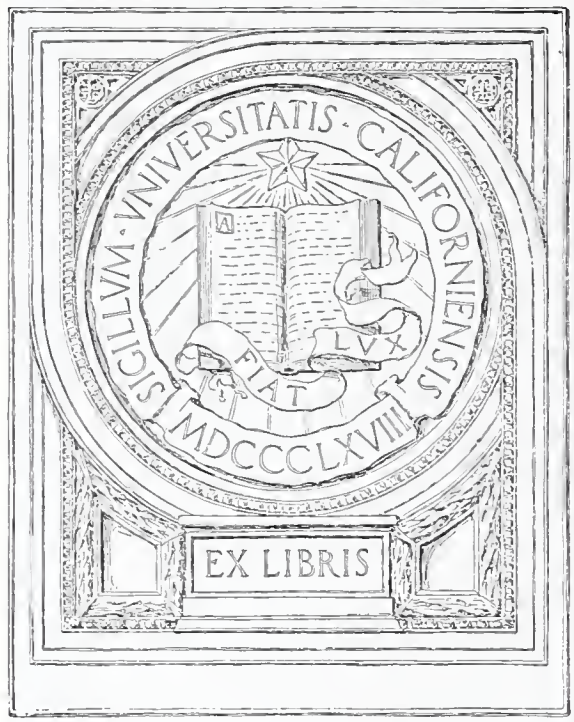

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THE JOURNAL

OF THE

Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. X. LITTLE ROCK, ARK., JUNE, 1913. No. 1

Original Articles.

ANNUAL ADDRESS.*

G. A. Hebert, M. D.,
President of the Arkansas Medical Society,
Hot Springs.

The Arkansas Medical Society at its last meeting honored itself by electing to the presidency one peculiarly qualified to preside over its deliberations. The great loss suffered by this society during the course of the year, in the death of its president-elect, our beloved Dr. E. R. Dibrell, has made it necessary for me, through the courtesy of the Board of Councilors, to preside over this meeting.

The unfinished task left by him when his master spirit took its flight to other spheres furnishes an illustration to point a moral which I shall apply to our profession, and which I trust may not be deemed an intrusion upon that part of our program especially dedicated to do him honor.

In the nature of things, who more than the medical practitioner, the family physician, meets all the extremes, the sunshines and the shadows of this life? A sacred calling must that be to which the sanctity of homes is opened, whose eye not only discovers the ills of the body, but penetrates into the mystery of the heart. Courage and honor and a reverent humanity must crown the attainments of science, to mould the highest ideal of the doctor. What charity must be his, to drop into the sea of oblivion, even out of his own mind, the foibles, the vanities, the vices of the world? What patience, to be true to himself and his work under aggravations and annoyances. Without exaggeration, the category of merit could be extended until we found among the devotees of medical science and practice the prototype of every human benefactor.

He becomes the instrument of God's will. In the happy and restored family circle a joyful gratitude goes out to him; he has fulfilled well the trust reposed in him; he has used well what of the infinite mystery, knowledge and study has unfolded to him. Even in the silent presence of the last on earth—when care sat vainly at the bedside; when tenderness soothed, but could not restore; when human knowledge, power and skill stood helpless at the threshold; when the finite strikes the barrier beyond which lies the infinite; yes, even in the presence of death the grateful thought that the doctor has been faithful and devoted comes like a consolation to temper the blow of affliction, as the mourner bows submissive to the inevitable decree.

How deep and holy this form of gratitude may grow in the human heart is often exemplified to the eye of the world.

What a sublime offering of purest love and affection was that which hovered like godly incense over the mortal remains of him, a great one among us, who but a year ago was elected to preside over the deliberations of this body. The Arkansas Medical Society must take care that the record of his achievement be perpetuated, and the memory of his virtues preserved.

The highest tribute to the worth and honor of the medical profession; its high sense of duty; its devotion to science; fidelity to endless self-sacrificing toil; its exalted moral mission and its humanity—are all most eminently exemplified in the life and death of Dr. E. R. Dibrell.

As we proceed in the daily routine of our work, and bring together the harvest of our labors and the accumulations of our

*President's address before the Arkansas Medical Society, at the Thirty-seventh Annual Session, at Little Rock, May 21, 1913.

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experience, we feel in our hearts a satisfaction which far exceeds the pleasure of present reward.

We will have added something to the store of human welfare on which future generations will continue to erect the edifices of further progress, and as we value the trophies of our success, not least in the storehouse of just appreciation, is the soul's pride that our work is hallowed by consecration to human suffering, and inspired by kinship with the universal good.

And thus we contribute our part to that endless, though not hopeless struggle, which aims to make the world better and happier, which guides onward and upward to the crown of peace, and the hope of the soul's endeavor to compass its higher ideals.

The past year has marked an important epoch in the history of medicine in Arkansas. After repeated and persistent efforts on the part of the medical profession as represented by this society, a law has been passed creating a State Board of Health and appropriating a sum for the operation of the law. Thus has this state been redeemed from its unenviable position of being the only state without a Board of Health with authority and means to fulfill its purpose.

The passage of this bill by the legislature is a most encouraging indication of the increasing public appreciation of the value of health conservation, and the growth of this sentiment must bring with it a better realization of the material benefits to be derived by the community from improved facilities for the prevention of disease. The society owes a debt of gratitude to its Legislative Committee, and particularly to its chairman, to whose efforts are largely due the enactment of the law.

I feel that I am unable to sufficiently praise those patriotic and public-spirited legislators who so staunchly supported this bill. This society should justify the action of these men by using every effort for the wise administration of the law.

I would urge the society to co-operate in every possible way with the Board of Health, in order that the splendid opportunities for public good afforded by this law may be fully realized.

The work of the Board of Councilors for the past year deserves commendation. The constructive work of the society is directed by this board. Through the activity of the councilors the organization of county medical societies has proceeded and there now remain but five counties in the state without medical organizations. The membership of the State Society now numbers 1,047—an increase of 126 members during the past year.

The society at this meeting will be called upon to take action on a proposed amendment to the constitution, prolonging the term of service of the councilors. Taking into consideration the character of work done by the council, and the results expected to be accomplished, it would seem that the efficiency of the board might be increased and the best interests of the society promoted by lengthening the term of service.

There will be presented at this meeting a proposed amendment to the by-laws providing for the admission of nongraduates to membership, and defining the restrictions under which they may become members. The beneficial effect of such a policy toward extending the influence of organized medicine is obvious, and this subject should be considered carefully.

This meeting will also consider a proposed amendment to the by-laws specifying the time at which the annual report of secretaries of county societies shall be made to the state secretary. This action is necessary to facilitate the transaction of the business of the society, and should be adopted.

The Committee on Organization of the American Medical Association has prepared a constitution and by-laws for county societies, and I would recommend the adoption of such a uniform constitution by all county societies.

The progress of The Journal of the Arkansas Medical Society during the year has been very satisfactory. The value of the Journal to the society and its members is now well established, and it is gratifying to note that it is receiving favorable recognition as a medical publication.

The Council on Pharmacy and Chemistry of the American Medical Association has stated that this Journal is one of only four in the entire country which is complying strictly with the regulations concerning advertisements. I would recommend that the society render any necessary assistance for

the maintenance and extension of the Journal.

It is gratifying to be able to state that the cause of medical education has made material progress during the past year. The Arkansas University Medical Department is now a state institution, and for the first time an appropriation has been made by the state for the purpose of promoting medical education. Greater facilities for instruction have been perfected and a sincere effort is being made to place the institution upon a plane of highest efficiency.

I wish to congratulate the society upon the gratifying achievements of organized medicine during the past year, and to remind the members of the opportunities offered them for the promotion of the public welfare.

The responsibility for the education of the public to the end that they may be taught the great truths of sanitation and disease prevention rests largely upon the members of this society, and it is your duty and privilege to promote the greatest single contribution to human happiness and prosperity—the preservation of health.

FEE SPLITTING AND OTHER EVILS THAT ARE COMMERCIALIZING THE MEDICAL PROFESSION.*

By C. H. Cargile, M. D.,
Bentonville.

With the establishment of the germ theory of disease began great, startling and record-breaking discoveries and innovations in the science of medicine, which have so revolutionized it that, could its leaders of less than half a century ago, Rip Van Winkle-like, come back, they would not recognize it.

Fortunate indeed has been the lot of physicians of this fascinating period, when the science of medicine has been as an ever-changing panorama.

It is to be regretted that this beautiful and interesting picture is marred by one ugly spot, a malady that is sorely afflicting the medical profession, the consideration of which is the object of this paper.

It should receive our most careful attention, because, like pellagra in the South, it is most threatening in its consequences, and thus far not amenable to treatment. It originated in our own country only a few years ago, and though it has extended to some others, it has not, and will not, affect them as seriously because of less propitious conditions.

Research reveals the fact that quite a portion of the very scant literature concerning this disease is to be found in the secular press, and, too, of such a character as to show that the public is awakening to the gravity of the situation, even more than we of our profession. This is the more remarkable since physicians are usually the ones attacked.

Statistics are not easily obtainable, because the subjects of the disease become secretive.

However, accepting the opinions of a few writers, widely distributed over our country, we are led to conclude that a too large per cent of our profession (regular) are affected, and that the number is rapidly increasing. To be forced to thus conclude is indeed very humiliating to every physician who loves his profession, and cherishes its ideals of the past. Alike it has invaded cities, towns and villages—the cross-roads doctor even not escaping. Surgeons and specialists are most deserving of sympathy, because they are most susceptible. Fortunately, some, it is to be hoped, many, of these escape. It would be interesting to know to what extent physicians belonging to other schools of medicine have been afflicted.

The disease never attacks singly, but necessarily in pairs. It insidiously seizes its victims, and too frequently, ere they realize it, they are fully within its grasp. Unfortunately, too many succumb.

Varied and manifold are the forms and manifestations of this disease. Some of the principal ones are free office rent and other favors accepted by physicians from druggists; rebates on instruments and other appliances ordered for patients; contract practice at reduced rates; receiving commission from hospitals for patients sent to them; division of fees collected by consultants, spe-

*Chairman's address to the Section on Surgery of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

cialists and surgeons; and accepting commission from undertakers.

A too common practice it is for physicians to accept free office rent in consideration of their influence in behalf of certain drug stores. Even worse than this, make free with cigars, cold drinks, medicines, etc., belonging to the druggist. It were better if patients and their families could know that their health is not always the paramount consideration that sometimes moves physicians to exert themselves strenuously in behalf of certain apothecaries.

No less culpable is the practice of collecting rebates on instruments, appliances, etc., ordered for patients. This has no reference to proper fees for measuring for and fitting trusses, braces, etc.

Equally guilty is the dealer who tempts the medical man with two prices, one for the patient and another for the physician.

What is true of the above is equally true of some hospitals that pay physicians for patients sent them.

The newest thing along this line has recently come to the writer's attention. The accusation is that certain maternity hospitals advertise for babies for which they promise to secure homes. Their compensation comes through increase of patronage at higher than usual rates by expectant mothers who wish to dispose of their infants—taking advantage of women in unfortunate condition—despicable indeed.

The methods of stock company hospitals, in which physicians subscribe to stock to be paid for out of commission on patients referred, deserve severe condemnation.

Splitting fees between doctors on the one part and surgeons and specialists on the other, sometimes called dichotomy, the form of graft which is most degrading the profession, mainly prompted the writing of this paper. That it has become very prevalent, no one denies. Many have been the published articles condemning it, but not one in its defense has the writer been able to find; nor has he in his much research read of a discussion of the practice in which even one had the temerity to uphold it.

What better argument could be adduced against the crime? It is hoped that on this occasion those who practice it will for once speak out.

Usually the procuring doctor, who is not always the family physician, is secretly compensated by the consultant, for sending or bringing to him patients, some of whom, perhaps, he has wrongfully captured by infringing on the business of his confreres. The commission so paid is usually a stipulated per cent, sometimes the major part of the fee collected by the surgeon or specialist. Flushed with success, and with his purse full of "tainted money," the procurer returns to his home with renewed inspiration to corral more victims.

The plan is sometimes varied, the procurer making all the arrangements with the patient, as to finances, and paying the specialist, in some known instances deceiving the latter as to the total amount collected.

In all sections alike, many so-called surgeons, known to be incompetent, are prospering, while the truly competent are losing out because they refuse to traffic in human lives.

The crafty grafter takes advantage of neurotic patients, especially females, magnifying in their susceptible minds the gravity of their ailments, frequently minor ones, until they consult his accomplice. It is not surprising that such an unholy conspiracy results in much so-called special treatment, and many unnecessary and mutilating operations by incompetent doctors, resulting in greater impairment of health and sometimes in death. Consultants fearing to disappoint their procuring accomplices, and thereby reducing the number of referred cases, sometimes do operations contrary to their judgments. Too frequently subsequent operations by others have convinced them of not having performed operations for which they had collected fees. It is unfortunate for the patient that, in a spirit of flattery, the operator too often makes the wholly incompetent accompanying physician first assistant.

The presence of a conscientious family physician at an operation is a safeguard in behalf of the patient against deception as to morbid conditions found, and operations performed. However, if the patient be so unfortunate as to have been sold by his trusted doctor, his predicament is doubly worse in that he is being robbed by two instead of one.

The doctor who clandestinely sells his patient to the highest bidder, regardless of his ability to render the needed service, deserves the severest condemnation and punishment that can be pronounced against him by society, the medical profession and the law.

It is inconceivable how a physician, after having been trusted with the most sacred of family matters, patronized and fully compensated, can thus sacrifice his patient and friend on the altar of greed, and be so oblivious to the welfare of his or her dependants.

How dare commission-takers face widows and orphans, made so by insatiable greed? How dare he add to his crime by saying that death could not have been prevented, and that the surgeon was the best to be found?

It is shocking to the moral sense of the profession to have to realize that crimes so hideous are all too common. The consolation is that, as in all other offenses, justice will surely overtake.

Sad indeed will be the plight of the guilty when the public becomes aware of the prevalence of these evils. Once it is known that this or that physician has bartered his patients as articles of merchandise, he will be feared and shunned. His patronage will fall from him like leaves in autumn. No less will be the fate of his accomplice in crime, the surgeon or specialist who tempts him.

The plan that has the sanction of honorable physicians and is fair to all concerned, is to have an open agreement between the patient, physician and consultant as to how much each is to be paid.

Physicians who have allowed their greed to lure them into these methods, if not recovered in due time, become more or less indifferent to medical progress and organized medicine, except when the latter can be used to promote their own selfish purposes. In their offices are to be found medical journals more than half made up of irregular advertisements, and which condone commercialism in the profession.

In their libraries may be found books claiming to teach how to perform many of the stunts and tricks of the so-called specialists and quacks, that are very prolific of results—accumulation of money.

Not content with the above forms of graft committed against the living, some pursue the dead into the grave by conniving with the undertaker.

These several crimes, so lightly thought of by many physicians, deserve to be classed with wrongs that are penalized by statutes of all the states, and should be more severely condemned and punished than many of them.

Fine judicial discrimination indeed would be required to differentiate between secret fee-splitting and the New York police grafting, about which we have heard so much of late. Sifted in whatever way it may be, there remains crime, secretly acquiring money without remuneration. Would it be wrong to say that it is worse than stealing, in that another is induced to participate?

Woe unto the guilty when those who have long patronized and paid them, who have confided to them their inmost family secrets, learn that they themselves have been made articles of merchandise, have been bought and sold by the avaricious!

Some good men unwittingly are led into these practices, but abandon them as soon as convinced of their error.

Some excuse themselves on the ground that the fees of specialist and surgeon are excessive, and that they may as well get part of them, which, of course, is spurious logic. Others, when confronted, in the absence of any excuse claim that it is right, but cannot explain why done in secret. The assertion of the fee-splitter that it is nobody's business is fully disproved by the fact that the patient, the profession and society are outraged.

That the standard of the profession has been very much lowered in the last two decades by these nefarious practices is better understood by the older physicians.

The profession stands convicted of living under a false standard; of marching under a banner on which is inscribed "Selfishness and Greed" instead of "The Health and Welfare of the Sick, First, Last and All the Time." The medical profession cannot hope to regain its former prestige, if it fails to correct these evils. It behooves us to act promptly and vigorously. The innocent ones of the profession cannot properly take umbrage at these strictures, while they indifferently fail to take part in helping to extirpate this spreading gangrene.

Why condemn advertising quacks and others while condoning worse in members of the profession—worse because they are operating under the cloak of medical ethics?

This brings us to the treatment of this insidious, progressive and deadly disease. Exhortations, remonstrances and warnings by resolutions and discussions by medical organizations, through many articles in the medical journals, and a few in the public press, having failed to check, the time has come when vigorous treatment only is worthy of consideration.

Among the various treatments that have been advocated are prohibition of membership in medical organizations; publicity by open denunciation through the medical and public press; legislation, prosecution in the courts and revocation of license, with reciprocal relations between all states. It is to be hoped that the committee appointed for this purpose by the American Medical Association will bring forth an effective treatment. Certain reforms proposed by the Congress of Clinical Surgeons at its last meeting would largely correct these evils by restricting surgery to licensed surgeons only, which would diminish competition, which, after all, is mainly responsible for their existence.

Prohibition of membership having been more or less tried and in vain, by many medical organizations, promises very little. This failure is mainly due to the fact that members for personal reasons shrink from preferring charges.

Though not sufficiently curative, much might be accomplished if all organizations would adopt the plan of a few, that now require an applicant for membership to make a written application, in which he promises never to engage in fee-splitting or other forms of commission business. They should go further and expel the guilty who are already in. Likewise, hospitals should bar them. More than a decade ago the Medical Society of Erie County, New York, took the initiative in exposing these corrupt practices, and, after a thorough investigation, unanimously recommended publicity as the remedy. Almost without exception this treatment has been approved by all who have written on the subject. Notwithstanding this, little or nothing has been done along this line, and doubtless this is why the ravages have increased.

When the profession reverses its policy, to some extent at least, and ceases to insist that all matters medical, even wrongs in the profession, shall be kept from the public, fee-splitting and other grafts will be very much abated. When political parties fail to expose crime committed by those whom they have elevated to positions of trust and honor, they invite disaster that will surely overtake them when exposed by the opposition. Just so it will be with us of the profession in this matter.

Unfortunately, when the public becomes informed of how it is being robbed by many of the profession, as it surely will, it will condemn all alike; and why not, even though all be not guilty?

By reason of better means of knowing of these corrupt practices, and by whom committed, it the more becomes the duty to ourselves and to the profession to expose them. Until we thus discharge this duty, we deserve to be regarded as suspects. As long as we shrink from it, and more, recognize the guilty as our professional associates, and even elect them to the highest position, we cannot complain of the estimate placed upon us. If a proper effort at elimination and purification fails, those not guilty owe it to themselves and the profession to form new organizations with doors closed against the guilty, and not failing to make known their reasons therefor, in the public press if necessary.

Such publicity would prove an efficient remedy. As has been above said, the much that has been written and published in the medical press condemning these evils has almost totally failed of its purpose. On the other hand, several articles in the secular press have awakened quite an interest in the matter, and it is to be hoped have started an agitation that will continue until it shall have eradicated the evil.

An epoch-making article was one by Dr. C. A. L. Reed, published in Pearson's Magazine, April, 1912, in reply to one in the same periodical by Arno Dosch, September, 1911. Coming from one with so much prestige, and seemingly violating the traditions of the profession, called forth some criticisms for laying bare family matters in a nonmedical magazine. However, he deserves our thanks, because the end justified the means.

When we view the trend of legislation in the last decade in matters medical, as well as in other reforms, there is much to encour-

age. The almost passage of the original Owen bill justifies a strong hope for a better fate for the new one.

The fact that several legislatures have very recently had under consideration bills intended to prohibit fee-splitting and other forms of commission practices among physicians indicate a growing sentiment against them. Like many other innovations looking to the betterment of mankind, this one will come slowly, but surely, because an outraged public, once it becomes informed, will demand legislation and prosecution.

All states should include revocation of license of the guilty, and provide for reciprocal relations between themselves. Most, if not all, now authorize the licensing board to revoke license for immoral conduct. The inclusion of fee-splitting and kindred practices under this head would surely be sustained by the courts.

In the opinion of all who have investigated these evils, their existence is attributable to too many inferior medical schools turning out too many incompetent doctors, made many times out of material unfitted by nature as well as by education. In the consequent struggle for business, competition becomes too active, and various methods of grafting are resorted to, sometimes to meet the imperative needs (?) of a family, but too frequently at the behest (?) of greed.

Every medical school should have a chair of ethics filled by a competent teacher, whose duty it should be to overcome the present commercial trend and restore the profession to its former high ideals.

Should we ever get the much-needed and much-talked-of department of health, with its head as a member of the cabinet, more or less correction might come through it.

All of these failing, there is one final hope remaining. It is that veterinarians will adopt commission methods, which, judging by the past, will move the government at Washington to rush to the rescue of the dumb beast, and possibly include human beings.

TRACHOMA.

This disease of the eyes is becoming of greater importance as it becomes more widespread throughout our country. In 1897 the secretary of the treasury declared trachoma a dangerous contagious disease, and denied an immigrant afflicted with it entrance to this country because of the discovery that the disease was being introduced and disseminated by immigrants. It seems to be undisputed that no country is free from the ravages of the disease, the history of which goes back to ancient times, and that no race is immune from it and no age exempt, except the very young. The cause of trachoma is not yet known, as the specific germ has not yet been discovered. The disease occurs in groups, in localities, in houses, in factories and in schools, and is spread by contact or by contamination with articles like common towels, which are handled by the afflicted patient and his fellows.

The seriousness of trachoma, its contagiousness, the knowledge that thousands of would-be immigrants are waiting to come to America if restriction of this disease is removed, the amount of it already in this country, and especially its concentration in certain localities, mean that measures for its prevention should be inaugurated by every state, city and town where the disease has been discovered. Poverty, crowding, dirt, and articles used in common tend to spread this infection rapidly. While the number of persons having trachoma may be diminishing in some of our larger cities, where both the government and the local authorities are alert to the danger of the disease and to the segregation necessary, other cities and communities should pass such ordinances as would cause every case of trachoma to be reported. School children should be inspected for this disease. Factories should also be inspected, and where the disease is discovered the owners should take measures to prevent its spread and to eliminate it if possible. A person with trachoma should be isolated and treated until he is well. A child who is discovered to have trachoma and is banished from school should be followed to its home by a visiting nurse or some inspector from the Board of Health to insure that the child does not spread contagion in its own home. School wash rooms should have faucets for running water which are controlled by foot pressure, so that the hands need not touch the faucets. The common towel should be abolished with the common drinking cup. These rules for cleanliness apply also to factories, hotels, office buildings and all public institutions.

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DR. WILLIAM R. BATHURST, Editor.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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ANONYMOUS COMMUNICATIONS.
Anonymous communications will not appear in the columns of this Journal, no matter how meritorious they may be.

Editorials.

THE LITTLE ROCK MEETING.

The thirty-seventh annual meeting of the Arkansas Medical Society, held at the Hotel Marion, Little Rock, May 20-23, was one of the most successful in its history, upwards of 100 delegates being present at the opening.

The following officers were elected for the ensuing year:

President—Dr. Frank B. Young, Springdale.

First Vice President—Dr. L. E. Moore, Searcy.

Second Vice President—Dr. S. L. Steer, Hot Springs.

Third Vice President—Dr. F. G. Richardson, Heber Springs.

Treasurer—Dr. Wm. R. Bathurst, Little Rock.

Secretary—Dr. C. P. Meriwether, Little Rock.

Councilors were elected as follows: Dr. M. C. Hughey, Rector; Dr. T. B. Bradford, Cotton Plant; Dr. J. L. Rhinehart, Camden; Dr. J. F. Rowland, Hot Springs, and Dr. A. M. Hathcock, Harrison.

Dr. W. V. Laws of Hot Springs was elected delegate to the American Medical Association, with Dr. C. E. Bentley of Little Rock as alternate.

By a unanimous vote El Dorado was chosen for the next meeting place.

Among the notable features of the convention were the remarkable address by Dr. Cargile of Bentonville, published in full in this issue; the public address of Dr. F. L. Watkins of Jackson, Miss., representing the Federal Public Health Service; the memorial service for deceased members, the alumni banquets and the society banquet.

Dr. John S. Witherspoon of Nashville, president of the American Medical Association, was unavoidably absent, due to the illness of his wife. This was regretable, as his address had been anticipated with great interest.

HOUSE OF DELEGATES.

The House of Delegates convened in the Hotel Marion Auditorium at 9 o'clock Tuesday morning, May 20, President G. A. Hebert of Hot Springs presiding. Dr. Robert Caldwell, president of the Pulaski County Medical Society, delivered the address of welcome.

The Committee on Credentials was appointed, composed of Dr. H. Moulton of Fort Smith, Dr. W. H. McKie of Wynne and Dr. F. O. Mahoney of Huttig. After a brief recess, they reported 100 delegates present.

The committees appointed by President G. A. Hebert were as follows:

Resolutions—Dr. C. S. Pettus of Little Rock, Dr. J. M. Proctor of Hot Springs and Dr. Earle Hunt of Clarksville.

Medical Education—Dr. H. Thibault of Scotts, Dr. A. M. Hathcock of Harrison and Dr. E. F. Ellis of Fayetteville.

President's Address—Dr. W. C. Dunaway of Little Rock, Dr. W. W. Hippolite of De Vall's Bluff and Dr. E. D. Holland of Hot Springs.

Committee on Council—Dr. J. G. Eberle of Fort Smith, Dr. T. J. Stout of Brinkley and Dr. Wm. Breathwit of Pine Bluff.

Dr. M. D. Ogden of the Committee on Trained Nurses reported that the law for the registration of trained nurses would soon be in operation, and Dr. R. A. Hilton, chairman of the Committee of the Council, reported that of the seventy-five counties in the state, seventy-one had medical societies, the exceptions being Scott, Newton, Stone and

Van Buren counties. A total membership of 1,085 was shown.

FIRST GENERAL SESSION.

The convention proper held its first session in the auditorium of the Hotel Marion at 9 a. m. Wednesday, May 21, President Hebert in the chair, and with upward of 400 members present. Hon. Charles E. Taylor, mayor of Little Rock, delivered the address of welcome, which was responded to by Dr. Henry Thibault of Scotts. President Hebert delivered his annual address, devoted largely to a eulogy of the late president, Dr. E. R. Dibrell, to legislative matters, and a review of the society's work. The scientific sessions on Children's Diseases, Dermatology and Pathology followed in the order named.

MEMORIAL SESSION.

Wednesday night's session was held at Christ Church (Episcopal), and took the form of a memorial service in memory of the fifteen members of the society who had died since the last annual meeting. Dr. J. L. Greene, superintendent of the State Hospital for Nervous Diseases, paid a glowing tribute to the memory of the late Dr. Edwin R. Dibrell, who was president of the society at the time of his death, October 20, 1912. Dr. A. M. Hathcock eulogized the life and services of the late Dr. A. J. Vance of Harrison, and Dr. H. Moulton paid a fitting tribute to the memories of Drs. Fred A. Mickle of Van Buren, Dr. W. J. Pittman of Fort Smith, Dr. J. S. Shibley of Paris, Dr. J. D. Bradley of Fort Smith and Dr. A. M. Bourland of Van Buren.

The services closed with the benediction by Rev. Henry N. Hyde, the rector of Christ Church.

THE ALUMNI BANQUETS.

The annual banquet of the Alumni Association of the Medical Department, University of Arkansas, was held at the New Capital Hotel at 10 o'clock Wednesday night, and it was very largely attended. Dr. T. M. Fly was re-elected president and Dr. W. M. Wear was re-elected secretary. Arrangements were entered into for a great reunion and banquet to be held during next year's meeting. Dr. T. M. Fly delivered the president's annual address, and other speakers were: Dr. W. E. Jones, Paris; Dr. Morgan Smith, Little Rock; Dr. S. M. Douglass and Dr. Matt Dibrell, Van Buren.

The Tulane Alumni Association, forty-two strong, gathered at the same hour to enjoy a banquet in the private dining room of the Hotel Marion. Officers for the year were elected as follows: Dr. C. R. Shinault, Little Rock, president; Dr. Earle Hunt, Clarksville, secretary (re-elected). Dr. J. P. Runyan officiated as toastmaster, and speeches were made by Dr. Herman Gessner, special representative of Dr. Isadore Dyer, dean of the Medical Department of Tulane University, on "Higher Medical Education;" Dr. H. E. Menage, special representative of Tulane Polyclinic Department; Dr. Urban Maes, special representative of Dr. Rudolph Matas, professor of surgery at Tulane; Dr. John Smyth of New Orleans, Dr. Henry J. Scherck of St. Louis, A. T. Davies of Hot Springs, Dr. Earle Hunt of Clarksville, Dr. G. A. Hebert of Hot Springs, a memorial to the late Dr. S. E. Chaille, and Dr. Morgan Smith of Little Rock on "We Have Met, We Have Loved, We Have Parted."

THURSDAY, MAY 22.

Thursday's morning session was devoted to the Section on Surgery, presided over by Dr. Charles H. Cargile, Bentonville, chairman, with Dr. E. P. McGehee of Lake Village, secretary. In addition to the chairman's address, so many papers were read that space does not permit individual comment on each, but it may be said that those of Dr. John Young Brown of St. Louis, Dr. Bransford Lewis of St. Louis and Dr. W. F. Smith of Little Rock were especially excellent.

SECTION ON STATE MEDICINE AND HYGIENE.

This section was presided over by Dr. J. L. Greene, Little Rock; Dr. C. W. Garrison, Little Rock, secretary. The feature of the meeting was the address of Dr. F. L. Watkins of Jackson, Miss., detailed to represent the United States Public Health Service at the convention. His subject was "Vital Statistics Fundamental in Public Health Work." In stressing the importance of keeping official records, he said the United States was the only civilized country in the world where such statistics were not accurately kept. Dr. John A. Witherspoon of Nashville, president of the American Medical Association, was on the program to deliver an address on "Public Health." In Dr. Witherspoon's absence, Dr. J. L. Greene of Little Rock delivered an address on the

same subject, in which he contended that each state should support financially the treatment of all cases of endemic diseases. He advocated the free administration of diphtheritic anti-toxin, free treatment for the prevention and cure of tuberculosis to an even further degree than is now given, and free treatment for the prevention and cure of malaria and other diseases.

Dr. Frank A. Jones of Memphis, president of the Southern Medical Association, delivered an interesting address on "The Southern Medical Association; Its Place in the Medical World."

LAST DAY OF CONVENTION.

The Section on Practice of Medicine was the order for Friday morning's session. Dr. Thad Cothern presided.

The Section on Obstetrics and Gynecology, Dr. J. S. Rhinehart of Camden presiding, and Dr. B. D. Luck of Pine Bluff, secretary.

THE ANNUAL BANQUET.

The annual banquet was given at the Hotel Marion, the members being the guests of the Pulaski County Medical Society, the Little Rock Board of Trade and the Little Rock Chamber of Commerce. It was a most enjoyable affair, the exquisite setting of roses and evergreens reflecting much credit on the good taste of those having it in charge.

Dr. Frank Vinsonhaler presided as toastmaster, and among the guests of honor were Governor J. M. Futrell, L. B. Leigh, Rev. Henry N. Hyde, Henry M. Armistead, Dr. G. A. Hebert, Dr. Frank B. Young and Dr. C. S. Pettus.

Governor Futrell responded to the toast, "Our Commonwealth." L. B. Leigh happily hit it off in "Babies and Other Folks." Dr. G. A. Hebert of Hot Springs, the retiring president, spoke of "Men of Action." Rev. Dr. Henry N. Hyde responded to "Doctors and Doctrines." Henry M. Armistead had for his subject "The South in the Building of a Nation." Dr. Frank B. Young, the new president, had two subjects, "Pills and Politics" and "The President-Elect," which he charmingly blended, and Dr. C. S. Pettus, in a talk on "The Button of the A. M. A.," explained the emblem as the most honorable of all, standing, as it does, for charity, fidelity, fraternity, and the public health.

And so, in a spirit of revelry and good fellowship, the thirty-seventh annual meeting closed an eminently successful four days' convention.

Note.—The president's address and Dr. Cargile's paper appear elsewhere in this issue. Among the proceedings will be found the bill creating the new State Board of Health.

THE PRESIDENT'S ADDRESS.

The president's annual address to the convention, delivered by the retiring president, Dr. G. A. Hebert, Hot Springs, was very largely and properly devoted to a beautiful eulogy of the late Dr. Edwin R. Dibrell, whom the speaker succeeded as president. Leaving that topic, he naturally next commented on what is unquestionably the most advanced step Arkansas has taken in the creation by legislative enactment of a State Board of Health. This is a distinct triumph for the medical profession, after years of persistent effort, and Dr. Hebert urged the members of the society to give the board their hearty co-operation. He commended the work of the councilors and recommended that the county societies adopt the uniform constitution and by-laws prepared by the Committee on Organization of the American Medical Association.

The president's address was a model in construction and verbiage. He avoided the mistake of too great prolixity, yet covered the necessary subjects, truly exemplifying the ancient saying that "brevity is the soul of wit."

DR. C. H. CARGILE'S REMARKABLE ADDRESS.

At the recent meeting of the Arkansas Medical Society Dr. C. H. Cargile of Bentonville made one of the most remarkable addresses ever made before a similar body. He inveighed against the commercializing of the medical profession on the part of some physicians by such practices as fee splitting between general practitioners, surgeons and specialists, accepting free rents from drug stores in return for using the printed prescription blanks of the drug store, and in turning to him all the trade possible by ordering prescriptions for patients, a matter made easier than formerly by reason of the modern telephone; by accepting commissions or rebates on surgical instruments, trusses, braces and other appliances, and

even accepting commissions from the undertakers.

It is a healthful sign that these charges should come from within the profession. When the disease is recognized, the proper remedy may be applied. That there is truth in these charges is evident from the fact that by unanimous consent the address was given to the lay press for publication. Had the charges been regarded as slanderous, such a course would not have been adopted. There is something really heroic in thus bravely publishing to the world a matter that is self-accusatory. That fact alone promises reform, just as the convicted sinner at the camp meeting is expected to "confess" as a preliminary to being taken into full communion. We have biblical authority for confession accompanying repentance. The species of graft—that is the proper word—is easy to fall into and easy of accomplishment.

"Never mind the rent," says the druggist. "Your patients' trade is worth a great deal to me."

"Get your patients to use my trusses. They are good, and as cheap as any other, and I will give you a commission on every one you sell."

Note how insidious is the argument. The patient loses nothing. He gets his drugs and his surgical appliances at the same prices as though he bought them elsewhere. The only difference is that the sellers of drugs and appliances effect sales which might otherwise go to rivals in business, and they can afford to split the profits by giving commissions or granting other favors to the physician who throws the business to them. It may well be that a physician who would scorn to accept a commission at the expense of his patient may quiet any qualm of conscience by arguing that the patient is not the loser. This is a point Dr. Cargile did not dwell upon, but it is really the foundation stone of this form of graft.

In like manner, but less bluntly arranged in commercial terms, is the practice by "gentlemen's agreements" of fee splitting with hospitals, surgeons and specialists for patients sent to them for treatment.

The charge of obtaining commissions from undertakers is almost unbelievable, yet the same argument may be used to still the voice of conscience. What more natural than for the distracted members of a bereaved family to ask the doctor's advice or suggestion as to the best undertaker to employ? He names one who will charge no more than his rivals for the same service. There is no extortion, and if the undertaker offers a commission it is nothing out of the family's pocket. Here is the same insidious temptation to which a few may yield, but we feel sure there are few indeed who carry cupidity beyond life.

The possibilities of such unholy combinations between doctor and undertaker suggest a story told of a village carpenter who was making a coffin. A neighbor asked for whom he was making it, and he gave the name of a man in the country who had been sick for some time.

"But I rode by there this morning, and I know the man's not dead yet."

"Well, he will be. Doc Jones told me to make the coffin, and I guess he knows what he gave him," was the reply, as the carpenter drove another nail.

This is a commercial age, but the charge of commercialism in the medical profession is not altogether a new thing. In the eighteenth century Voltaire wrote:

"Medicine having become a mercenary profession in the world, as the administration of justice is in many places, it has become liable to strange abuses. But nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution and pays equal attention to the rich and the poor."

Dr. Cargile has done the profession a service. All that remains is for the profession to purge itself of everything unworthy. Let us so live as to deserve one of the greatest tributes ever paid to our noble profession, again to quote Voltaire in the lines:

"Men who are occupied in the restoration of health to other men, by the joint exertion of skill and humanity, are above all the great of the earth. They even partake of divinity, since to preserve and renew is almost as noble as to create!"

A WELL DESERVED TRIBUTE.

Dr. F. T. Murphy of Brinkley was presented with a handsome loving cup at an executive session of the State Medical Board of Examiners during the week of the May convention of the Arkansas Medical Soci-

ety. It was a well deserved tribute to sterling worth. Dr. Murphy has served two consecutive terms as secretary of the board, and is therefore, under the rules, ineligible for re-election; hence this graceful token in recognition of his highly useful and efficient service. The presentation was made by the members of the board, Drs. Brown, Stewart, Wallace, Young and Isbell.

Dr. Murphy's efforts have added to his own reputation as well as to that of the board.

GRADUATE NURSES' ASSOCIATION.

In organizing the Pulaski County Graduate Nurses' Association, an excellent movement has been accomplished. It is good for physicians and surgeons and good for patients. It means the assurance of competent, reliable, trustworthy white nurses of good character, for none other are eligible to membership. Let it be noted, too, that the first object set forth in the constitution is to maintain this high standard of efficiency and to co-operate with similar organizations in Arkansas, that the benefits to be derived may be statewide. The nurses obtained from the last legislature the passage of an act to regulate the practice of professional nursing and creating a board of nurse examiners, providing also for registration and prescribing penalties for unregistered nurses sailing under false colors.

One of the latest developments is the establishment by the association of a registered nurses' official directory, in order to provide the medical profession and the public with competent nurses. The membership also includes non-graduates having satisfactory recommendations.

The directory asks for the co-operation of the medical profession, believing it will be of mutual benefit and solve the problem of supply and demand.

Mrs. Della Cantrell, R. N., 802 Center Street, Little Rock, phone 7369, is the registrar in charge.

TRAGIC SUICIDE OF MAJOR HALLOCK.

Heroically tragic was the death of Ranking Major Harry M. Hallock, M. D., at Hot Springs, by his own hand, May 18. Major Hallock was medical director of the Hot Springs reservation, 48 years old, married, and with a family. But with all the accessories to make life happy, he was afflicted with melancholia. The brief note he left behind tells the whole story:

"Having been fighting melancholia for weeks, I can no longer resist the impulse to destroy my family and myself."

It is held by many that all suicides are essentially insane. In this case it would appear that the victim destroyed himself when lucid, because oppressed by the fear of homicidal mania. As a physician, he recognized his own ailment and was fearful of the results of its further development. He knew the disorder had progressed to the point where he might at any time become wholly irresponsible and do harm to those he best loved. Heroically, then, he determined to sacrifice himself that they might live unharmed. For some suicides we feel contempt that they have not the courage to endure the ills that flesh is heir to, some we pity, some despise; but for such a man as this we have only admiration and respect.

Personals and News Items.

Dr. J. P. Runyan of Little Rock has recently been elected to a fellowship in the College of Surgeons of America.

Drs. A. S. Buchanan and W. W. Rice of Prescott are in New York City.

Dr. R. F. Parks of Bonanza visited Little Rock last month.

Drs. H. L. and C. M. Routh of Batavia have moved to Harrison.

Dr. F. E. Rushing of Fort Smith visited friends in Little Rock last month.

Dr. Burpee Cooper of Western Grove has located at Everton.

Dr. R. H. Sanders of Manila, Ark., has moved to Evanston, Wyo.

Dr. H. H. Niehuss, who has been in Fort Smith a few months, has moved to El Dorado, and will resume the practice of medicine.

The State Board of Charitable Institutions elected Drs. Sterling Bond and Anderson Watkins physicians for the Deaf-Mute Institute. Dr. S. P. Vaughter, physician for the School for the Blind, and Dr. John G. Watkins was re-elected oculist and aurist for the Deaf-Mute Institute and Blind School.

THE SANITARY CODE ADOPTED.

The State Board of Health has, with the advice and assistance of Dr. R. H. von Ezdorf, of the United States Public Health Service, Dr. Oscar Dowling, president of the Louisiana State Board of Health, and Dr. F. L. Watkins, special officer of the United States Bureau of the Census, adopted a model sanitary code, together with rules and regulations governing the gathering of vital statistics.

FEATURES OF NEW CODE.

Features with which the code deals specifically are: Duties of public health officers and records to be kept, vital statistics and regulations governing the transportation of dead bodies, communicable diseases, disinfection, sanitation and screening against flies and mosquitoes, common drinking cups, common towels, spitting, disposal of human excreta, water pollution, potable waters, garbage and house refuse, disposal of dead animals, sanitary requirements for schools, public buildings, jails, prisons, slaughter houses, markets, barber shops, bakeries and confectioneries, dairies, depots, street cars and railroad coaches, and resort sanitation.

One of the most important works of the board is that which relates to the gathering of vital statistics and reporting of communicable diseases by physicians and health officers. The board will endeavor to enforce strictly the rules and regulations governing these diseases and vital statistics, as this forms the basis of public health work.

Henceforth certificates of death must be presented to the community registrar before burial permits will be issued. This ruling has been enforced in the larger cities of Arkansas in past years, but never in smaller towns of the state.

ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS.

The thirty-fourth annual commencement exercises of the Medical Department, University of Arkansas, were held at the high school auditorium on Thursday night, May 15, at which time thirty-two young men graduated. Dr. Morgan Smith, dean of the medical department, presided, and Governor Futrell presented the diplomas. The gold medal offered by the Arkansas Medical Society to the student making the highest general average in the four years' course was won by Dr. Homer Scott.

Prof. J. J. Doyne, president of the State Normal College, delivered the annual address, and Prof. J. H. Reynolds, acting president of the university, also spoke.

Following were the graduates in medicine: Sam J. Allbright of Capps, Charles S. Allen of Harmony, F. M. Boyd of Little Rock, J. R. Brown of Huntington, E. R. Browning of Hot Springs, C. B. Capel of Sheridan, W. C. Chambers of Hartford, W. H. Crockett of Piggott, S. A. Drennen of Newark, Edwin Davis of Everton, C. M. Eubanks of Little Rock, B. Gwaltney of Prairie View, F. P. Hardy of Social Hill, T. P. Harper of Peach Orchard, Bunn Harris of Greenwood, H. B. Henry of Little Rock, E. E. Holloway of Mayflower, Bruce Inman of Alma, M. D. Kelly of Carthage, W. B. Lanning of Brazils, G. C. Moore of Magnet, V. L. McPherson of Sasakwa, Okla., Pat Murphy of Little Rock, T. J. Pool of Walnut Tree, W. L. Sadler of Little Rock, Homer Scott of Little Rock, Wyatt Simpson of Hot Springs, John Volmer of Mound Valley, Kan., J. R. Waltrip of Poteau, Okla., R. E. Weaver of Hope and J. S. Wilson of Rye.

At the same time diplomas were awarded seven graduates in pharmacy, Miss Myrtle Dwight Roots of Little Rock being the first woman graduate in pharmacy from the University of Arkansas.

Following are the names of the graduates: R. Townsend, Arkadelphia; H. B. Toles, Sheridan; J. M. Brown, Warren, and C. E. Porter, C. Baker, W. M. Black and Miss Roots, all of Little Rock.

NEW SUPERINTENDENT AT TUBERCULOSIS SANATORIUM.

Dr. Robinson Bosworth, who succeeded the late Dr. J. S. Shibley as superintendent of the State Tuberculosis Sanatorium at Booneville, resigned his office last month to resume the practice of medicine in New York City.

The Board of Trustees elected Dr. John Stewart to succeed Dr. Bosworth, and he took charge of the institution on May 12. Dr. Stewart is well qualified for the post,

having been for five years superintendent of the State Sanatorium for Incipient Tuberculosis at Mount Vernon, Mo.

DR. VANCE WILLS BEQUEST TO HENDRIX COLLEGE.

The late Dr. A. J. Vance of Harrison, in his will, left a bequest of $10,000.00 to Hendrix College, of which $5,000.00 is to be held in trust as a students' loan fund.

VACANCIES ON MEDICAL BOARD ARE FILLED.

Four appointments to membership of the State Medical Board and two vacancies on the new State Board of Health were recently announced by Governor J. M. Futrell.

On the State Medical Board, each for a term of four years, are as follows:

Second District—Dr. T. J. Stout of Brinkley, to succeed Dr. F. T. Murphy of Brinkley.

Third District—Dr. E. F. Ellis of Fayetteville, to succeed Dr. F. B. Young of Springdale.

Sixth District—Dr. W. S. Stewart of Pine Bluff, to succeed himself.

Seventh District—Dr. J. C. Wallis of Arkadelphia, to succeed himself.

On the State Board of Health the governor appointed Dr. S. A. Southall of Lonoke to succeed Dr. Hughes, and Dr. G. A. Warren of Black Rock to succeed Dr. Stout.

STATE PHARMACISTS ELECT OFFICERS.

The Arkansas Association of Pharmacists met at Hope last month and elected the following officers:

President—R. A. Warren, Clarksville.

Vice President—Roy Chamberlain, Malvern.

Secretary-Treasurer—Miss Mary Fein, Little Rock.

The Pharmaceutical Travelers' Association elected the following officers:

President—C. L. Ferguson.

Vice Presidents—L. F. Cappleman, E. H. Rutledge and William Schmeidekamp.

Secretary-Treasurer—F. V. Perry.

Little Rock was selected as the meeting place in 1914.

W. B. Saunders Company, publishers, of Philadelphia and London, have issued another edition (17th) of their handsome illustrated catalog.

In going through this edition we find it describes nine new books and ten new editions, not described in the previous issue. These new books are of great interest to the medical men, because they treat of subjects being daily discussed in medical circles.

Any physician may get a copy of the Saunders catalog by dropping a line to these publishers.

HOMEOPATHS HOLD CONVENTION.

The Homeopathic Medical Society of Arkansas met in annual convention at the Hotel Marion, Little Rock, May 13.

At the annual election of officers, Dr. W. B. Hughes of Little Rock was chosen president, Dr. V. H. Haliman of Hot Springs vice president, Dr. G. M. Love of Rogers treasurer, and Dr. E. L. Meng of Little Rock secretary.

Resolutions were adopted on the death of Dr. W. E. Green, a distinguished member of the society.

ECLECTICS HOLD CONVENTION.

The Arkansas Eclectic Medical Association held its annual convention in Little Rock, May 14 to 16, inclusive. Mayor Charles E. Taylor delivered the address of welcome, to which response was made by Dr. S. G. Boyce of Pulaski Heights. Among the visitors from a distance were Dr. Pritchard of Cincinnati and Drs. Dawson Lowery and Perdue of Kansas City. During the convention the delegates were handsomely entertained by Dr. and Mrs. W. C. Green, 1223 Wolfe street, Little Rock.

Included in the delegation were fourteen graduates of the Kansas City Eclectic Medical School, who came to take the examination before the State Board to qualify for practice in Arkansas.

NINTH ANNUAL MEETING OF THE MEDICAL ASSOCIATION OF THE SOUTHWEST TO BE HELD AT KANSAS CITY, MO., OCTOBER 7-8.

Plans are being rapidly formulated for the coming meeting of the Medical Association of the Southwest, to be held at Kansas City in October. The section officers are confident of presenting a strong program, but this will be only one of the important features. The Committee of Arrangements will prepare a schedule of clinics to begin Monday morning and continue all day at all the hospitals of the city. On Tuesday and Wednesday will be given the papers and discussions, then the clinics will be resumed on Thursday morning and continue through Friday and Saturday. There will be no clinics Tuesday or Wednesday.

These clinics are to be of general interest rather than for the specialist, and it is hoped that they will attract a larger number of the men in general medicine than have usually attended.

An added attraction at this meeting will be the presence of Dr. J. A. Witherspoon, president of the American Medical Association, who is to be the guest of honor.

Kansas City always does herself proud in the matter of entertaining her visitors, so that no misgivings on that score need be indulged in.

If possible, special railroad rates will be secured, although from the results of past efforts, but little is to be hoped for in that direction.

There is still room for a number of papers on the program, and a cordial invitation is extended to those desiring to present one. If you wish to accept this invitation, please be prompt in sending your name and the title of your paper to F. H. Clark, M. D., secretary, El Reno, Okla.

Marriages.

Hodges-McCullough.—In Little Rock, Ark., on Monday, May 26, Dr. Guy Hodges and Miss Elizabeth Bernice McCullough.

Deaths.

Vance—At St. Louis, Mo., April 28, 1913, Dr. Asbury J. Vance of Harrison, Ark.; aged 56.

Dr. Vance graduated from the Medical Department of Vanderbilt University, Nashville, Tenn., in 1881; at one time president of the Arkansas Medical Society; president of Boone County Medical Society; a member of the American Association of Railway Surgeons and Association of Surgeons of the Missouri and North Arkansas railroad, and local surgeon for that road at Harrison.

He leaves a widow, Lulu G. Vance; no children.

Wood—At Salem, Ark., May 25, 1913, Dr. J. T. Wood of Salem; aged 59.

Dr. Wood for many years was one of the leading physicians of Fulton County, but for several years had not engaged in practice. He leaves three sons, two daughters and four brothers—Dr. T. J. Wood, Evening Shade; Dr. Shelby Wood, Bryon; John H. Wood, an attorney at Melbourne, and Tobe Wood, an attorney at Marshall.

County Societies.

CLEVELAND COUNTY.

(Reported by Dr. A. A. Hughes, Sec'y.)

Rison.—The Cleveland County Medical Society met in this city on May 6. Members present: Drs. W. L. Hartsell, A. J. Hamilton, C. Leali, S. C. Johnson, H. O. Wilson, A. B. Robertson, J. S. McMurtrey and A. A. Hughes.

Visitors present: Drs. B. M. Stevenson, El Dorado; T. M. Fly, Little Rock.

Addresses in the interest of medical organization and sanitation were made by Drs. Stevenson and Fly, which elicited a very general and helpful discussion.

The following officers were elected:

President—Dr. W. L. Hartsell of Draughon.

Vice President—Dr. H. O. Wilson of Randall.

Secretary-Treasurer—Dr. A. A. Hughes of Rison.

Delegate to State Society—Dr. S. C. Johnson of Kingsland.

Alternate—Dr. A. J. Hamilton of New Edinburg.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Sec'y.)

Pine Bluff.—The Jefferson County Medical Society met in this city on May 6.

Essay on "Toxemia," by Dr. O. G. Blackwell, elicited an interesting discussion.

After the scientific work, Dr. Blackwell, the host of the evening, served a delicious lunch.

PROCEEDINGS
OF THE
Thirty-seventh Annual Session of the Arkansas Medical Society
LITTLE ROCK, MAY 20-23, 1913.

HOUSE OF DELEGATES.

First Day.

The House of Delegates was called to order at 10:30 a. m. by President Hebert.

Dr. Robert Caldwell, president of the Pulaski County Medical Society, delivered the address of welcome, as follows:

Delegates to the Arkansas Medical Society, Doctors and Friends:

The Pulaski County Medical Society this morning wishes to greet you with a most hearty welcome. We believe that Little Rock is the logical meeting place for the State Medical Society, and we wish to thank you very much indeed for the honor you have shown us by choosing Little Rock as your meeting place this year. It is customary in an address of welcome to allude to the wonderful and great things of our city, and ignore our pitfalls and vices, as most likely our honorable mayor will do tomorrow. Sometimes I think it would be better, the first thing, to tell you something of our bad things so that if any of you get in bad you know where to kick out. But I will leave that for the mayor. He knows more about that than I do. I hope none of you will have the same experience some of my patients had. A certain doctor in the state wrote me a letter and sent three patients to me. The letter read something like this: "This will introduce you to my daughter Nell and Mr. and Mrs. So-and-So. You will have to deal with them very kindly, because they have never been away from home. I blindfolded them and put them on the train, and, as the train does not stop until it gets to Little Rock, I feel they will reach their destination safely." I take it for granted that you have all been to Little Rock before, and there are not many things that I can point out to you that you have not seen. You notice in the paper this morning that we will soon have an interurban line to Pine Bluff. A franchise was granted through the streets of Little Rock for an interurban to Hot Springs. I am sorry to say that the stock has all been sold, and it will be impossible for you to get in on the ground floor. You may be able to get in on some of the stock in the Pine Bluff interurban. I picked this up this morning, the platform of one of our men running for an office in the Chamber of Commerce: "An open Panama Canal, cheaper gasoline and 'Don't run over the free bridge.'" If you don't run over the free bridge, what are you going to do? You have to build a new bridge, go across in the air or under the river.

While here, we would like for you to visit the Southern Trust building and see the roof garden. You will have to come down the night elevator if you stay late. Go on top of the State Bank building and see the auditorium at the top and listen to the wonderful music of the toot! toot! of the automobile and the ding! ding! of the street cars. I might tell you to go out and see the State Capitol, of which we are all proud. Notice our clean and paved streets. I will leave that to the city administration to be proud of. I might tell you about our wonderful churches, hotels and theaters, but I have a more important subject I want to talk to you a little about—our hospitals. I want you to visit St. Vincent's Infirmary and see the modern improvements that have been put in there in the past few years, and ask the sisters as to the improvements to be put in in the next few months. Visit St. Luke's Hospital, owned and controlled by Dr. Runyan, that spells the last step in asepsis, modern improvements and advantages and care of the patient. Visit Dr. Meek's hospital and see what he is doing for the care of his patients. Then go and visit our county hospital and our State Hospital for Nervous Diseases that you have heard so much about here of late, and our State School for the Blind, and end up by visiting our medical college. Bear in mind, while making this visit, that we need, in connection with that medical college, an efficient hospital. Every meeting has its object. We might say that the object of this meeting is for the betterment of the doctors of Arkansas. Why not go a little further and say the object of this meeting might be for the doctors of Arkansas now and in the future? I will ask your indulgence if I digress a little from the ordinary stereotyped address of welcome and talk a little about the hospital proposition. We now have a medical department of the University of Arkansas, endowed by the state. It is your ambition, as well as mine, to make of this medical college one that will stand for the state of Arkansas as medical colleges do in other states. In order to do that, it it going to be absolutely necessary that we have affiliated with this medical school an efficient hospital, so that we can have an intimate association between the medical college and the hospital. It is obvious to all that such intimate association will be of advantage to the medical college, and men of experience acknowledge its advantage to the hospital. Dr. Arnold of Boston says that the ideal relation is that in which a medical school and a hospital are both part of one great organization. From the standpoint of the medical school, the hospital is a clinical laboratory, so to speak, and from the standpoint of the hospital the medical school is a great scientific branch where the problems of the sick are solved and doctors are trained to take care of the sick. Now, if such a hospital can be built, Arkansas will have added one more chapter to the medical history of the state. The rules governing such hospital will be such that your poor patients can come here and receive efficient medical care and attention, as well as anyone else. How many times do we have patients to come here to have some operation done, and the ueighhors of that patient have made up a contribution to pay his hospital expenses and his railroad fare up here and back. It happened to me last week.

Some man has divided the poor into three classes—God's poor, the devil's poor, and the poor devils. What do you do with the poor devils? You may be able to give them the best medical and surgical skill; you may be perfectly willing to do so. In other words, your intentions may be all right, but the surroundings are such, the conditions are such, that you would not treat a severe sickness or do a critical operation, while, if you had some efficient hospital to send him to, where he could get sufficient medical and surgical skill, he would not only be relieved, but you would be doing a great boon to humanity by sending this man to some place where he could be made a useful citizen and sent back to his home a healthy citizen, instead of a burden on the state. Nothing advances any farther than public opinion. Public opinion gave us our present president of the United States, our present medical law and our present State Board of Health. And if we ever get a state hospital, public opinion will have to pave the way. Each of you might tell some others about the necessity of a state hospital. And always bear in mind that the senators and representatives make the laws, and there are always opportunities when this matter can be driven home to them with sledge hammer blows. Never lose an opportunity to do so.

I wish to say again that the Pulaski County Medical Society wishes to greet you with a hearty welcome. We are glad you are here. We will do our best to entertain you while here. We want you to stay as long as you can, and, if you don't think you are treated right, let us know. We will do our best to take care of you while you are in our home town, because—

The home town is the best town,
  Whatever town it is;
The fair town, the square town,
  For any kind of "biz."

To live in, to give in,
  To work in, to play in;
To dwell in, to sell in,
  To buy in, day by day.

The home town is the best town,
  Wherever it may be,
To scream for, to steam for,
  To bring prosperity.

To shout for, to spout for—
  Not to run it down—
'Cause it is your town and my town,
  And everybody's town.

The chair here appointed as the Committee on Credentials Dr. Moulton, Dr. McKie and Dr. Mahony.

A recess was then taken for the purpose of the credentials being examined by said committee.

Dr. Moulton: The Committee on Credentials have examined the credentials of the delegates who have so far registered, and find that their credentials are in form and correct. The list of delegates is in the hands of the secretary, who will call the roll, and those who have registered and have proper credentials will, I suppose, answer.

The roll was then called by the secretary, showing twenty-eight counties represented.

Dr. Eberle: I move that the report of the Committee on Credentials as read by the secretary be adopted.

Seconded and carried.

In the absence of the properly accredited delegate or alternate, the following members of the society were seated as delegates from their respective county societies, by unanimous vote of the delegates present, as follows, to-wit: Dr. W. H. Ware of Franklin, Dr. W. L. Hartsill of Cleburne, Dr. M. J. Slaughter of Pike, Dr. T. F. Alford of Howard, Dr. G. A. Warren of Lawrence, Dr. G. P. Sanders of Columbia, Dr. A. H. Hedrick of Logan, Dr. M. D. Ogden of Pulaski, Dr. L. E. Biles of Woodruff.

Dr. Thibault: In order to avoid complications, I move that the men now seated from the various counties be considered as alternates, and to surrender their credentials to the regular delegate if he reaches here later.

Seconded.

Dr. Warren: That ought to be modified just a little, because there are members here who are seated who are not alternates, and the alternate might come in. In the event the alternate appears here, he should be entitled to the seat, and the member who is neither alternate nor delegate ought to surrender to him just the same as to a delegate, I should think.

Dr. Thibault: I accept that modification.

The motion as modified was carried.

Dr. Archer: Word came this morning of a death in the family of Dr. M. L. Norwood of Sevier county, a man who has not missed a meeting in a number of years, and, if I am in order, I would move that a telegram of condolence be sent from the House of Delegates to Dr. Norwood.

Seconded and carried.

President: I will appoint on that committee Dr. Archer and Dr. Hardeman.

The revised roll was called, showing forty-seven delegates present.

President: That being a quorum, the House of Delegates is prepared to proceed with further business.

The reading of the minutes of the last annual meeting was next in order.

Secretary: This is by a special resolution offered by Dr. Mann at the last meeting at Hot Springs, that there be a book kept for the minutes of the meetings and that it be read at the annual meeting. I am very sorry Dr. Mann is not here to help me out, because you remember Dr. Gibson's report required three hours to read it at that meeting, and this is a part of the minutes and transactions of this society. It will take me about six or seven hours to read them.

Dr. Thibault: In order to expedite future business, I move that the reading of the minutes be dispensed with, except that at any time any person wants to refer to the minutes the secretary shall read that part of it dealing with the subject under discussion.

Seconded.

Dr. Hilton: I would like to amend that, because there are some things that have to be taken up at this meeting, and I think that the delegates' minds should be refreshed. There were some resolutions introduced at the last meeting.

Dr. Thibault: That would come under the motion that any particular subject that any delegate shall call for will be read.

Dr. Hilton: As an amendment to that motion, I move that the resolutions acted upon at the last meeting be read.

President: The motion made by Dr. Thibault seems to cover the ground. You may call for them.

Dr. Moulton: It seems that the resolutions have to be read before they are voted on, anyway. The motion does not exclude the reading of the resolutions.

President: It provides for the reading of them if necessary. I would rule Dr. Thibault's motion in order. Dr. Hilton, do you offer that as an amendment?

Dr. Hilton: I think the delegates ought to be instructed on those things.

President: You may call for the reading of the minutes if you wish.

The original motion was carried.

President: I appoint the following reference committees:

Resolutions—C. S. Pettus, J. M. Proctor and Earl H. Hunt.

Medical Education—H. Thibault, A. M. Hathcock and E. F. Ellis.

Council—J. G. Eberle, T. J. Stout and William Breathwit.

President's Address—W. C. Dunaway, W. W. Hippolite and E. D. Holland.

The next in order was the president's address.

At its last meeting this society honored itself by electing to the presidency one peculiarly fitted by association, qualification and adaptability to preside over its deliberations. During the course of the year the society has suffered a very great loss in the death of this president-elect, Dr. E. R. Dihrell.

As a result of this misfortune it has become necessary for me, through the courtesy of the Board of Councilors, to preside over this meeting.

We shall all miss the guiding hand of our departed friend and president, and I trust that I shall have your much-needed co-operation in the discharge of the business which shall come before us. Each component society is entitled to at least one delegate in this body, and to you, chosen as such delegates, is entrusted the responsibility of conducting the business of this society. I would urge that you study carefully all reports submitted to the House of Delegates, and use every effort to promptly and correctly dispose of all business, and endeavor to promote the general welfare of the society.

You will be called upon to act on a proposed amendment to the constitution providing for a longer term of service for the councilors. Taking into consideration the character of the work done by the council, and the results expected to be accomplished, the present term seems too short to allow the greatest efficiency on the part of the Board of Councilors, and the best interests of the society would be promoted by lengthening the term of service.

The proposed amendment of the by-laws, regulating the time for reports from secretaries of county societies, would greatly facilitate the conduct of the business of the society, and should receive your favorable consideration.

The proposed amendment providing requirements for admission of undergraduates to membership should be carefully considered. It is interesting to note that a large majority of all medical societies throughout the country have adopted this policy. The opportunity for extending the benefits of organized medicine by the adoption of this ruling is quite obvious, and the restrictions provided for in this proposed amendment should remove any objections heretofore entertained.

I have a communication from the medical director of the Hot Springs Reservation, requesting me to present for your consideration and expression the matter of a bill introduced in the United States Congress, providing for an investigation of the physiological and therapeutical effects of the waters of the hot springs. This is a subject of more than local interest, and, as the matter has been acted upon by the American Medical Association and a letter similar to the one received by me has been sent

to the president of all state societies, I deem it proper to comply with the request and present the matter to you at this time.

I desire to make mention of the satisfactory progress of the State Medical Journal. The good purpose served by the Journal is now firmly established. It is gratifying to note that the Council on Pharmacy and Chemistry of the American Medical Association reports this journal to be one of only four in the entire country which has complied strictly with the rules of the council governing the matter of advertisements. I would recommend any assistance necessary for the maintenance and extension of the Journal.

The most noteworthy achievement of the past year has been the passage of the law establishing a State Board of Health. This society, the active members of its Legislative Committee, the legislators, and, above all, the people of Arkansas, are to be congratulated. I would urge you to co-operate in every possible way with the Board of Health, in order that the splendid objects of preservation of health and prevention of disease may be promoted in this state.

The next in order was the report of the Committee on Program.

Secretary: Owing to the absence of Dr. Hebert from the state at the time, this committee was not appointed as was heretofore the case. The secretary, being an ex-officio member and at all times supposed to look after this, the program you have now is made up entirely by the sectional officers of the society, and I think they have done as well as any scientific program committee could have done. That is all the report we have to make.

The next in order was the report of visitors to the Medical Department of the University of Arkansas.

REPORT OF THE BOARD OF VISITORS TO THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS.

Mr. President:

It is certainly gratifying to your Board of Visitors to the Medical Department of the University of Arkansas to note the improvements made along every line in this institution during the past year. As members of the State Medical Board, we have kept in close touch with the college, and we have been much pleased with the efforts of the faculty to raise the standing to where we can point to it with pride.

The entrance requirements have been raised, and have been strictly adhered to. About one year ago the State Medical Board of this society arranged with the state superintendent of public instruction to have him or his authorized agent pass on the educational qualifications of all applicants for matriculation. If these be satisfactory, an entrance certificate is issued by this board, without which no one is permitted to matriculate. The experience incident to service on this board has proven to us conclusively that the vast majority of failures are due to lack of preliminary education, and it is a well-known fact that in the past many colleges did not enforce their published entrance requirements.

The main building has been repaired and generally cleaned up. Many improvements have been made, and prior to the next session many additional improvements will be made, as an appropriation is available for that purpose. The dissecting room was found in good condition, the subjects fresh, and preserved in a manner that permitted of thorough and minute dissection.

The laboratories of chemistry, physiology, embryology, histology, pathology, bacteriology and clinical microscopy are located in the old state capitol building. The equipment of the laboratories has been greatly increased by the purchase of new apparatus, and, under the direction of Prof. Aronson, much new material has been prepared for demonstration and teaching. The old capitol is an ideal place for these laboratories and the library, affording ample room and abundance of light. There is an appropriation available with which to repair and put in first-class condition these rooms, as well as to equip them in a thorough manner, and by the opening of the next session this will have been accomplished.

The faculty has been completely reorganized, and there is a harmonious action among the various departments. Frequent meetings have been held, and there is a concert of effort, each department directing its very best efforts towards making the course of instruction one that will command our respect and maintain a creditable standing all over our country. The registrar's books have been well kept and show that the professors, their associates and instructors, as a rule are diligent in filling their appointments. The hours filled are well up to the average, and a vast majority of those failing to fill their hours were prevented by circumstances over which they had no control.

There is ample material in this city for first-class clinical teaching, but from some cause this has not been as thorough as it should have been. Almost every disease incident to our climate is found here, and, with a city of this size, with the railroad injuries being cared for here, there is a wealth of clinical material that should be made available, if not already so. We would recommend that some arrangement be made whereby the city hospital can be placed under the control of the faculty, and that more bedside teaching be done in the other hospitals.

We bespeak for the college the hearty support of every member of this society. The public should know that we have faith in the institution, and should be made to realize the advantages that will accrue to our state by maintaining a first-class medical college. With the proper support of the state, the Medical Department of the University of Arkansas will rapidly forge to the front.

F. T. MURPHY, Chairman;
W. S. STEWART, Secretary;
GEO. S. BROWN,
Board of Visitors.

President: There being no objection, the report will take the usual course and be referred to the proper committee.

The next in order was the report of the Committee on Trained Nurses.

Dr. Ogden: Your Committee on Trained Nurses beg to report that since the last meeting of this society the Arkansas legislature passed a bill, which has been signed by the governor, providing for the state registration of trained nurses, which measure will soon be in operation.

Respectfully submitted,
M. D. OGDEN.

President: Without objection this report will take the usual course.

The next in order was the report of the Committee on Necrology.

President: This committee is to report at a special meeting to be held Wednesday night, by special resolution of the House of Delegates.

The next in order was the report of the Committee on Public Health and Welfare.

Dr. Thompson: I have been unable to see the other members of that committee. I did not receive notice of the appointment of myself until the 5th of May. About the only thing I can report is that the committee was appointed. They were not appointed in time to make any report, as far as the work of the committee is concerned.

The next in order was the report of the Committee on Arrangements.

Secretary: Dr. Vinsonhaler requested me to state that the Committee on Arrangements would look after you on Friday night with something to eat and something to drink, and that the ladies visiting the city, the wives of the doctors, would be taken care of and looked after by a delegation of ladies from Little Rock. They have made no special arrangements to entertain them; they will select their own best means.

The next in order was the report of the chairman of the Council.

REPORT OF THE CHAIRMAN OF THE COUNCIL.

To the President of the Arkansas Medical Society and House of Delegates:

For the council of the Arkansas Medical Society, I hand you herewith our report for the year past.

It is with much regret that one of the first things that your council was called upon to do after the adjournment of the meeting at Hot Springs was appointing a successor to Dr. E. R. Dibrell, deceased. The council appointed Dr. G. A. Hebert of Hot Springs.

On January 27, by and under a provision made at your last meeting for the employing of a state organizer, your council employed Dr. B. M. Stevenson of El Dorado, Arkansas, to fill this position.

He has succeeded in organizing eight counties that were unorganized, making a total of seventy counties now with organizations. Crawford county has surrendered her charter, but members are applying for membership with Sebastian county, leaving only four unorganized. Of this

number, there is only one that it is possible to practically organize—Scott. The organizer made strong efforts to organize this county, but could not do it, for some cause. Newton, Stone and Van Buren counties, according to the written report of the councilor of that district, Dr. F. B. Kirby, indicates that on account of the rough and mountainous condition of the county, with no railroad facilities connecting the doctors, it is not practical to organize and keep up the organization. However, should the resolution that will come up at this meeting be passed, permitting undergraduates to become members of our state organization, it may then be possible to organize these counties.

The state organizer, Dr. Stevenson, has succeeded in adding to our membership 127, and by the various councilors 122 members. At our last meeting our membership was 932, which shows a net gain of 178 members.

While there is but little for the council to do in organizing the state, there will fall upon the ensuing council the greatest amount of work and the most tedious undertaking that has ever fallen on the council in the history of the Arkansas Medical Society. There must be some method provided and put in action that will bring about a better attendance of the county societies and more attention given to the scientific work that should be kept up.

An organization in name only is not of much material benefit, while now that is about all that we can claim for our county organizations. So the time is at hand that the name is not what we must be satisfied with, but enthusiastic county meetings in the different county organizations. By this only can we expect to get the material benefit that our profession is needing, the laity is expecting, and that for our future success we must have.

Our state organization has now passed what we would consider its third period—the first period being the organization of the Arkansas Medical Society, the second period being getting our present law creating the Board of Examiners, the third period getting enacted our public health law, with the present completed organized county societies of the state. The fourth period is one that can be made to shine with luster and give us a feeling of gratitude for the noble work of the council that is to follow in creating the disposition to get the material benefit out of our organizations by work and placing our profession on a higher plane, with a better feeling among our practitioners. The present council leaves the field open for the succeeding council to work out its own salvation, and we feel sure that they will be able to do so.

We have in the different councilor districts the following reports made:

In District No. 1 there was reported twenty-six meetings, and four public meetings of the nine counties which compose the district.

The Second District, with seven counties, gives no report of either society or public meetings.

The Third District, with nine counties, gives no report.

The Fourth District, fifteen meetings; average of one paper each meeting; eight counties compose the district.

The Fifth District, with six counties, reports thirty-nine society meetings and six public meetings.

The Sixth District, no report.

The Seventh District, no report.

The Eighth District, being composed of seven counties, there was reported forty-one society meetings and no public meetings. The councilor is to be commended for the showing made within the past year.

The Ninth District, no report.

The Tenth District, no report.

In employing the state organizer we have expended $327.20, and by his work have added eight counties and 127 members to our organization, there being 122 members also added by the various councilors of the state, making a total membership added for the past year of 249, with a loss of 71 old members, leaving a net gain in membership of 178.

It is with much pleasure that we report to you that in all of the departments of the Arkansas Medical Society, save one, there has been much progress.

Our Journal speaks too well for itself of the efficiency of our editor, Dr. W. R. Bathurst. Our Journal now stands before the American Medical Association A-1. Our secretary, Dr. C. P. Meriwether, has at all times been very active in rendering any and all information and favors to our council.

At our last meeting our report showed we had on hand $2,149.11. Our present report shows that we have $2,727.56.

We have expended, as salary and incidental expenses for the organizer, $327.20, which amount is included in the report of our balance of $2,727.56, giving us now on hand a gain over last year of $568.45, with a complete organization of the state, with the exception of one county, with an added membership of 178, and the improvements as before enumerated.

Through the information of our state organizer we find quite a number of men practicing medicine without license. This is a matter that should engage the attention of the ensuing council.

Since our last meeting at Hot Springs, without the use of the $500.00 offered, the health bill that was passed by the legislature of 1911, and afterwards disappeared before it could become a law, has returned, having all the time been in the care and keeping of Mr. C. W. Taylor, as he states under oath.

Your council advise that the Arkansas Medical Society instruct the State Board of Health to have some arrangement in our state penitentiary and the camps of the state penitentiary, and all county jails of the state, to protect the inmates thereof against tuberculosis and any and all other contagious and infectious diseases, and care for same when necessary.

We would further advise that the Arkansas Medical Society, at this meeting, appoint a committee to work with the State Board of Health and of various superintendents to make some provisions with our different charitable institutions for the care of any tubercular patients that they may have or that might develop while in their care; also to provide at the State Hospital for Nervous Diseases some special arrangement to receive and care for the chronic inebriate and medicine fiend. It is with much regret that our state has no protection or arrangements for the care of the above-mentioned poor unfortunates.

President. Without objection this report by R. A. Hilton, chairman of the council, will take the regular course and be referred to the proper committee.

The next order was the report of the Committee on Sanitation.

REPORT OF COMMITTEE ON PUBLIC SANITATION AND HYGIENE TO THE HOUSE OF DELEGATES, ARKANSAS MEDICAL SOCIETY.

We, your Committee on Public Sanitation and Hygiene, hereby submit the following report:

For the past year much activity for public sanitation and hygiene has been noted. The State Board of Health and the educational department of the state have been trying by every known means, and through every possible activity, to educate the people to the necessity for better sanitation and hygiene. The public school teachers, through the schools; the ministry, the newspapers and the women's clubs have done much to aid in this campaign.

Tuberculosis, civic, Arkansas betterment and other societies have been organized in many places over the state, which all have in mind the improvement of sanitary and hygienic conditions. One very encouraging feature is that the commercial organizations are beginning to realize that applied sanitation is an economic, business proposition as well as a health-giving, life-saving institution, and are beginning to appreciate the following words of Oliver Goldsmith:

"Ill fares the land to human ills a prey,
Where wealth accumulates and men decay."

Since the sanitary code, just drafted by the State Board of Health, is now in print, and all practical reforms along this line are not only advocated but required to be put into practice, no suggestions from the committee will be made, except to say that it will take the united, active endorsement and co-operation of the entire medical profession of this state to enable many of these much-needed regulations to be enforced. A copy of this code will be submitted as soon as printed.

Respectfully submitted,
C. W. GARRISON, Chairman;
OLIVE WILSON,
J. A. SIGLER.

Adjourned over noon hour.

Afternoon Session.

The House of Delegates met pursuant to adjournment, there being a quorum present.

President: We will refer to the unfinished business before the noon session. The next order of business is the report of delegates to the 1912 meeting of the American Medical Association.

Dr. Warren: I have not arranged a report to make as delegate to the American Medical Association, but I want to make an extemporaneous report of our session at Atlantic City last June. I want to say in the beginning that the Arkansas delegation was full. We were allowed two, and they were there. They were there the year before, but several times I have visited the meeting, not as a delegate, when the man whom you appointed would not be there. There would be one, and possibly that one an alternate. Now, as I have said before, that should not be; such conditions should not exist. Before a man is selected as a delegate to the American Medical Associa-

tion, it ought to be ascertained that he will go—not only that year, but the next year. And, just in passing, I wish to say that the men who are the power in the American Medical Association, the men who rule or shape the resolution and shape the destiny, as we might express it, of the Americau Medical Association, are delegates who have been there year after year. It takes a man two years to get acquainted, to get on to the mechanism, or to be able to do anything towards the legislative part of the House of Delegates. Now, our deceased member, Guthrie, whom you all remember, or most of you remember, was the only delegate from Arkansas at a meeting several years ago which I attended. He said to me, "Warren, we can not get anything for Arkansas. We have no power, virtually, because we send new men each year. The men who accomplish anything come here year after year and term after term." And that's true. He said, "If I live, not that I am aspiring to it, I propose to try and get something through the Arkansas Medical Society whereby we can select a man and keep him here, so that he can accomplish somethiug—so that he can become acquainted, not only with the members but with the mechanism." And I want to say here that the House of Delegates, or a majority of it, is the same year after year. Now, the Eastern states and Northern states elect the same man year after year, because they realize that if they get a good man there he will accomplish something. Just sending a new man every two years, he does very little, so that I say the personnel of the House of Delegates is largely the same; it's largely the same now that it was ten years ago; the same familiar faces are there; the same leaders in that House of Delegates were there ten years ago, and they have been there each year since that time. The work of the House of Delegates cuts out the men from attending the scientific sessions largely, because these sessions are going on at the same time that the House of Delegates is in session.

Going back to your representatives last year and the year before, the two years that I have served, I want to say that your delegates have been a unit on all measures that have come before the House of Delegates. Dr. Clegg and I, who were delegates two years ago, were together on all points. Dr. Morgan Smith and I, who were the delegates last year, were together on all points affecting legislation, and we tried to do what we thought was for the interest of organized medicine, and especially for the interests of our constituency whom we represented.

The American Medical Association did, as most of you know from reading the Journal, accomplish some very important things last year at Atlantic City for the advancement of organized medicine. They put themselves on record in the retention of Dr. Harris, from Chicago, on the Board of Trustees, that they were going to stand back of the man or men whom they regarded as being the exponents, regardless of factional fights and regardless of local sentiment behind that man. The local sentiment behind Dr. Harris at Chicago was bad, but they could not say anything except that he does as he pleases. Go to the different members of the Board of Trustees, who are representative men from the different parts of the United States, and they will tell you that Dr. Harris was one of the foremost men on the board, and to retire that man because of a local fight in the Chicago or Cook County Medical Society would have been disastrous, because he had been there a long time, and understood, and knew and did things, and did not shirk his duty.

I do not wish to be verging on politics when I say that the association was welcomed in Atlantic City by the present president of the United States, then governor of New Jersey. And I want to say, regardless of the politics of that body, that the men who heard that man were a unit for him afterwards; that he understood his business and that he stood with the medical profession, or with organized medicine, just as much as a man possibly could, and I never heard one man, be he Republican or Democrat, but what said, "I am for Wilson." Now, whether he accomplishes anything for us or not, remains to be seen, but I want to say this: That he pledged himself, virtually, and gave us that pledge that he would do all in his power, without referring to his candidacy for the presidency, but referring to his position as governor of New Jersey. He showed us by his past acts that he had been behind the efforts of organized medicine in that state. Now, I think that if the American Medical Association gets any measure that will be for its betterment, or for the betterment of the common people, the common weal, we will have President Wilson with us, and he will be strong with us. I don't think that he will hesitate to take an active part in anything that the American Medical Association as a body adopts to be carried through, if it is not partisan. That I don't think he would do.

Now, I say that, and I should have read a report possibly, but because of the fact that the campaign was on, I did not want to be put in the attitude of working for Wilson. I did not make any report. But I want to say to the delegates that the members and all who attended the American Medical Association left the theater enthusiastic Wilson supporters, because they believed that whatever we want, he is going to give us, if it is in his power to do so. He was there several days, and he went out of his way a little in instances to show us that he believed that we were going to espouse the right cause. So, members of the House of Delegates of the Arkansas Medical Society, I think that if we should ask for any national legislation this time that we will have his hearty co-operation.

There was a peculiar coincidence then that I might relate—that he was there at the time when he welcomed the American Medical Association, doing something that no other governor of New Jersey had ever done. He was conferring with the famous detective, Burns, getting dope on the grafters of Atlantic City. You know that is a city of graft, or has been. The council members of that city had been guilty of that. He had them at his mercy, virtually, when he left there, so that the men, to use a slang expression, "flew their kites"—left there. The men who were on the council left Atlantic City and were gone to Canada or some other parts unknown, because of the evidence against them for grafting. And, that being the occasion of his visit, it made it especially interesting to the members and visitors to the American Medical Association. They were, as much as possible, co-operating in that effort. Of course, they expected to lend their moral encouragement, but from the reports that crusade, or that effort, was a success. The scientific sessions of the American Medical Association that I attended last year were something that you could just sit and listen to hour after hour without tiring. And I want to say to you here now that if you can possibly attend the coming meeting at Minneapolis, you will feel well repaid, I feel sure, for your time, your expense and your trouble. Now, I say that without any hesitancy, because there is going to be a very interesting and a very extensive program this year.

Now, there is one move that some of the states have taken action upon, and that is, they have selected their delegates and set aside a certain amount of expense money. That is, the Eastern states have done that. Whether or not we could do it, I don't know; I don't know what our financial condition is. But without posing before you as a candidate for re-election, I want to say to you that any man who does go year after year, it will be a burden to him without some assistance from his home society. He gets little or nothing out of the scientific program, and he devotes his time and spends his money for the interests of your society; and if this society could afford it, if you get the right man and return him year after year, I think it would be nothing but right that you pay a part of his expenses. That, I say to you, would be the right step, and would be the only way that we will ever get a man to accomplish anything or be recoguized as a power in the House of Delegates. Now, you can just think that over and talk to the men who have been sent there, and they will tell you that what I say is true.

As I said before, I had a report that I thought I would make through the Arkansas Medical Journal, and then I believe I wrote Dr. Bathurst and told him that I would send him my report later; but later I considered possibly I had better not make a report, but wait and make it at this time. I am sorry I haven't a more connected report to make to you, but again I want to urge you to attend all the meetings of the American Medical Association that you possibly can. It is equal to a short course, and in some instances a long course, at a post-graduate school, because you have all of the men of the country there to either read papers or discuss the papers, and you get the ideas of the different authorities on all subjects that you care to hear, and you can pick your subjects and go and hear them.

The next in order was the report of the secretary.

SECRETARY'S REPORT.

To the Members of the House of Delegates of the Arkansas Medical Society:

In compliance with Chapter 6, Section 4, of the constitution of this society, I beg to submit the following report for your consideration:

The society is now composed of sixty-five component societies. Five societies, with a membership of sixty-five, have failed to make their report to the secretary. One county society has not now sufficient graduates in the county to compose a society under our constitution and by-laws, and has, in consequence, become defunct. Four counties, Newton, Stone, Van Buren and Scott, are still unorganized. Izard, Pike, Marion and Madison counties have become organized since my last report, with a total membership of twenty-eight. Poinsett and Cleburne counties were granted charters by the last House of Delegates, but both failed to pay their dues for 1912. They have, however, paid their annual dues for this year, and are entitled to a charter. Montgomery and Perry counties, suspended for non-payment of dues for last year, have been reinstated.

The total membership of the State Society at my last annual report was 932. We now have a total membership of 1,085, making a gain of 153.

I have had the same trouble this year that all previous secretaries have had in being unable to secure the co-operation of the county secretaries and getting them to make their report, as per the resolution passed by the

House of Delegates three years ago. We are submitting an amendment, however, to the constitution at this meeting, which, if passed, will make it obligatory upon the secretary to make his annual report on or before March 1, and not wait until two or three days before the annual meeting, as a great many have done this year. I hope every delegate will vote for this amendment.

The amendment to Section 2, Article 9, of the constitution, whose object is to increase the terms of the councilors to three years instead of two years, I believe will work to a disadvantage to the State Society, if passed. If a councilor does his duty, it means a great deal to the state organization; if he fails to do his duty, he is a load for the organization to carry. As it is now, we can get rid of them in two years. If we adopt this amendment, we will have to carry a load for three years, with no chance for eliminating them, whereas, if a man makes a good councilor, his district is always glad to continue him in office.

In accordance with the recommendation of the Committee on Uniform Regulations of Membership, approved by the House of Delegates of the American Medical Association at the Atlantic City session, in June, 1912, and authorized by the Board of Trustees, a conference of state secretaries was called at headquarters of the American Medical Association in Chicago, Wednesday, May 23, 1912. Seventy-five per cent of the state secretaries were present. To this meeting of state secretaries, eight questions for consideration were presented to them, as embodied by the recommendation of the committee. They were as follows:

1. Fiscal Year.—Should the fiscal year coincide with the calendar year? Should the fiscal year be the same in all county and state societies?
2. Should membership expire automatically at the end of a calendar year and a new roster for each county and state society be made up with the beginning of each year?
3. When should membership reports from county secretaries to state secretaries be due?
4. Should the dues of new members joining after the first of the year be pro rated for the remainder of the year?
5. Should an admission fee be required in addition to the annual dues?
6. Should uniform application blanks, receipt blanks, membership and transfer cards be adopted?
7. Should constituent state associations hold charters from the American Medical Association?
8. Should a uniform plan for the transfer of members be adopted?

The following recommendations were unanimously endorsed by the conference:

1. We recommend that this conference endorse the plan of having the fiscal year coincide with the calendar year in all parts of the organization. We further recommend that secretaries of all state associations which have not already adopted this provision bring this matter to the attention of their associations and recommend its adoption.
2. We recommend that constituent state associations adopt provisions making dues in county societies payable on June 1 of each year, and requiring county secretaries to report to state secretaries all members in good standing, together with their per capita assessment for the current year, not later than March 31. State societies desiring to do so may provide a shorter period.
3. The recommendation regarding the third question under discussion is covered by our recommendation of the second.
4. Regarding the pro rating of dues, we recommend that this be made optional with each state society.
5. Regarding an admission fee for membership, we recommend that this be made optional with local societies.
6. While the committee recognizes the general principle that a uniform system of blanks for county and state societies is desirable as soon as practicable, we recommend further consideration of this question at a later conference.
7. We recommend that the House of Delegates of the American Medical Association be asked to consider the advisability of issuing charters to constituent state associations.
8. We recognize the desirability and advantage of a uniform method of transfer, but this system can not be established until there has been developed a greater uniformity under other details of organization. We therefore recommend that this question be made the subject of discussion at a future conference.
9. The committee recognizes the value of this conference of the state association secretaries and the purposes of organization. It therefore recommends that future conferences of this character be held.

This report was unanimously adopted.

I herewith submit my financial statement:

Exhibit "A" covers the amount received by your secretary from all sources since the last annual meeting.

Exhibit "B" shows disbursements as made by the treasurer of this society.

Exhibit "C" shows disbursements as made by the secretary.

Received from county secretaries for dues and subscriptions to the Journal, $2,537.50.

Received from the editor of the Journal, $957.04, making a total income since the last report of $3,494.57.

On hand last report, $2,149.11, making a total of $5,643.65.

Paid out by the treasurer, $1,610.75.

Paid out by the secretary, $1,305.38, making a total expenditure for the year of $2,916.13, leaving a balance in the hands of the secretary of $2,727.52, which is the largest amount we have ever had at the end of our annual meeting.

On December 12, 1912, the treasurer turned over to me a balance of $538.40, the amount on hand at that time, accompanied by his resignation.

Respectfully submitted,

C. P. MERIWETHER,
Secretary.

These reports were submitted to the Board of Councilors.

The next order was the reading of communications.

El Reno, Okla., April 11, 1913.

Dr. C. P. Meriwether, Little Rock, Ark.:

Dear Doctor—There seems to have been one link missing in regard to the Medical Association of the Southwest being formally recognized by the American Medical Association as a branch association affiliated with the parent association, and that link is a resolution introduced and passed by each of the five state associations, authorizing such action, and, as it has already taken place, that the state associations approve of the same.

A copy of the resolution, after it has been adopted, should be forwarded to me, and one copy should be forwarded to the general secretary of the American Medical Association.

I know of no one in so good a position to look after this as the secretaries of the state associations, so I am writing to you to ask as a special favor that you will assist by preparing and introducing such a resolution as suggested above.

Awaiting your reply, I remain,

Very sincerely,

FRED H. CLARK,
Secretary-Treasurer.

Dr. Warren: I move that it be referred to the Committee on Resolutions.

Seconded and carried.

Secretary: I have a communication from H. M. Hallock, medical director of the Hot Springs reservation. (This was read and referred to Committee on Resolutions.)

Dr. Warren: That is a very important communication as I hear it and believe it. The action that was taken at Los Angeles was far-reaching and for the benefit of mankind, especially suffering mankind, and I would like that we take some decided action on that measure. I suppose a reference to the regular Committee on Resolutions would be all right, but I would like for my part to have a special committee, and let that committee include yourself—that's the way I feel about it, because you understand the situation there—and probably other members of the Hot Springs delegation.

President: I wish to say that the communication requires an expression by resolution.

Dr. Warren: I understand that, but at the same time a majority of us in the Arkansas Medical Society do not understand the situation at Hot Springs.

Secretary: Dr. Proctor, from Hot Springs, is on that committee.

Dr. Warren: Then I move that it be referred to the Committee on Resolutions.

Seconded and carried.

President: I wish to say that the writer of that communication died within the past few hours, but that would make no difference in the official nature of the investigation.

The next in order was the selection of members of the Nominating Committee.

A recess having been taken for the purpose of enabling the delegates from the various county societies composing the ten councilor districts to meet and select their choice of a member of this committee, they reported as follows:

First Councilor District—Dr. H. L. Throgmartin, Pocahontas.

Second Councilor District—Dr. J. M. Jelks, Searcy.

Third Councilor District—Dr. W. H. McKie, Wynne.

Fourth Councilor District—Dr. William Breathwit, Pine Bluff.

Fifth Councilor District—Dr. S. E. Thompson, El Dorado.

Sixth Councilor District—Dr. J. W. Ringo, Ashdown.

Seventh Councilor District—Dr. J. M. Proctor, Hot Springs.

Eighth Councilor District—Dr. George S. Brown, Conway.

Ninth Councilor District—Dr. A. M. Hathcock, Harrison.

Tenth Councilor District—Dr. H. Moulton, Fort Smith.

A recess having been taken for the purpose of enabling the delegates from the various county societies composing the Second, Third, Sixth and Seventh Congressional Districts to meet and select their choice of three members to be certified up to the governor for appointment on the State Board of Medical Examiners, they reported as follows:

Second Congressional District—Dr. T. J. Stout Brinkley; Dr. G. A. Warren, Black Rock; Dr. J. C. Cleveland, Bald Knob.

Third Congressional District—Dr. E. F. Ellis, Fayetteville; Dr. F. B. Kirby, Harrison; Dr. J. J. Morrow, Cotter.

Sixth Congressional District—Dr. W. S. Stewart, Pine Bluff; Dr. O. D. Ward, England; Dr. Charles Prickett, Traskwood.

Seventh Congressional District—Dr. J. C. Wallis, Arkadelphia; Dr. F. O. Mahony, Huttig; Dr. G. P. Sanders, McNeil.

President: I have been requested to extend the privileges of the floor to Dr. Olive Wilson, who wishes to make an announcement to the House of Delegates.

Dr. Wilson: As you all know, a few years ago at Atlantic City the American Medical Association organized an educational branch, called the Educational Committee Among Women, and this is put in charge of the women members of the American Medical Association. Some way, I don't know how it was, the burden of Arkansas was laid upon my shoulders. I haven't done anything with it. Last winter I wrote to the chairman and resigned my office and asked her to write to Dr. Meriwether, and I have been ordered to place this before you to show you just what I am about. I will read that letter.

December 19, 1912.

Dear Dr. Wilson:

In reply to a letter sent to Dr. Meriwether a few days ago, I received the following: "Your letter of December 11, in regard to Dr. Olive Wilson, asking that she be retired as chairman of the Committee for Public Health Education Among the Women of the American Medical Association, received. I would state at the outset that I do not think you could get anyone in Arkansas so competent as Dr. Wilson. This committee has done little, to my knowledge, in this state, and am not at all familiar with its contemplative work. I will investigate the matter and see what can be done. If Dr. Wilson persists in wanting to retire, at present I have no one in mind that I could suggest. (Signed) C. P. Meriwether." So I think that it is for you and Dr. Meriwether to work out.

Please watch your opportunity and see what you can do to get the State Medical Society to appoint a committee for public health education. In the meantime, make an effort to get committees for public health education in all the county societies in the state.

In this state we have written the secretary of each medical society, explaining the work and urging them to appoint such a committee. While the work has not grown rapidly this year, which is the third, we are having such committees appointed in over one-half the counties in the state, and we have eighty-eight. This is with the assistance of the chairman of the State Committee for Public Health Education. That is why I am urging the appointment of such a committee with which we can co-operate.

Please look in the annual report for last year, under the state of Nevada, and see if you cannot make use of the program made out there by Dr. Walker. It was one which he adapted to small towns in his state.

In one county in this state, where the towns are all small, they are planning a health week in which they hope to have health meetings in two or three towns, having the speaker go from one town to the next. I realize that your distances are much greater than ours, and that concerted action is much more difficult, but it is just the remoteness of the locality which gives it a greater need.

The work you are doing through the newspapers is splendid. Keep on working, and let us know when we can help in any way.

Very truly yours,
ELEANORA S. EVERHARD,
Chairman.

That is the object I have in placing this before you, to get you to appoint an Educational Committee and also to appoint someone as chairman for the state. I feel like I have too much to do, and really am not competent to do the work, and you probably could find someone that could do the work better than I, and do more with it.

Dr. Warren: I think this is a measure that needs the co-operation of the Arkansas Medical Society. Dr. Wilson outlined the work of that committee or commission, if you wish to call it that. It is in line with the work that was done by a special committee of the American Medical Association, at the head of which is Dr. Bevan of Chicago. Dr. Bevan has made it a very special study in his special line, and has a report each year as long as the moral law. I suppose it is that long or longer than I can remember. At any rate, it is exhaustive, it is comprehensive; it is printed each year in the report of the House of Delegates of the American Medical Association. Now, I say this would be really in line with that work. I think this society ought to take action. So far as getting anyone that would do the work better than Dr. Wilson, I doubt. I know Dr. Wilson, I know of her work, and know that she has been secretary of the First District Medical Society for, say, ten years, at intervals, and she is the best secretary we have ever had, and I think that whatever she is put on to do she does.

President: Dr. Wilson seems to be in the position of accepting a position that she does not feel like taking. I think it would be well for the House of Delegates to take some action in the matter.

Dr. Thibault: I move that Dr. Wilson's communication be given to the secretary, so that the incoming president may appoint a committee of three to take charge of the matter and dispose of it as best they see fit.

Seconded.

Secretary: Before you put that motion, I believe that will be only deferring the matter. We have a Committee on Medical Education, and I believe the proper channel would be to refer it to that committee.

Dr. Hippolite: Do you put that as a motion?

Secretary: I suggest that we vote on it and refer the matter to the Committee on Medical Education.

Seconded.

The original motion was lost.

President: Now, there is a motion that the matter be referred to the Committee on Medical Education.

Carried.

On motion, the House of Delegates adjourned to meet the next day at nine o'clock a. m.

HOUSE OF DELEGATES.

Second Day—Wednesday Morning, May 21, 1913.

Called to order at 9:30 a. m., President Hebert in the chair.

No business appearing, the meeting, on motion of Dr. Eberle, seconded by Dr. Mann, adjourned to 8:30 a. m., Thursday, May 22, 1913.

Third Day—Thursday, May 22, 1913.

Having met pursuant to adjournment at nine o'clock a. m., there being a quorum present, the following proceedings were had, to-wit:

The following communication was read by the secretary:

Whereas, We, the women of the W. C. T. U., regard the physicians of this state as a body of men whose example is one of the most potent factors of community life; and

Whereas, Details of their annual meetings are freely published and reach all communities of the State, therefore, be it

Resolved, That we protest against the use of intoxicating liquors at their annual banquet.

(Signed) MINNIE U. RUTHERFORD, President.

Dr. Thibault: I move that the resolution be received and the selection of refreshments be left to our host.

Dr. Mann: I am not in favor of turning down the resolution of these women, neither am I in favor of doing any harm to our host, but the Arkansas Medical Society can set no better example to the citizens of this great state than the serving of wine at banquets. The doctor is between the minister and the people. Every year when I come to Little Rock I am chagrined because I see certain of my friends, who are the best men in the world, hanging around these saloons destroying their usefulness in this town. If the practice of medicine stands for anything, it stands for elevation, for pure manhood. The doctor has no more right to get drunk and carouse around than his wife has. The resolution is right. It stands for pure manhood and womanhood. The physicians of this state need elevation. They need it in their work, and the time ought to come, and it ought to be right now, that we make a fit test of this thing, and thank these women and do all we can to help them. I am not in favor of tabling that resolution, but extending those women a vote of thanks.

Dr. Thibault: If necessary for the members of this society to set up a good example, I don't see why the individual members cannot abstain just as long as they please. I certainly objeet to dictating to our host. I am really in accord with Dr. Mann's suggestion that we set a good example, and I am with him through the rest of this meeting. I won't take another drink.

Dr. Hathcock: I rather agree with Dr. Mann upon that question. While we are the guests of the Pulaski County Medical Society, we represent the State of Arkansas medically—that is, the medical profession. As a matter of example, individually I want to say if a gentleman wants to go away from here and get drunk, that's a matter with him, and I don't want to interfere with his individual rights, while I would advise him to stay sober while a member of the Arkansas Medical Society. I don't think that we ought to table this resolution. By doing so, the Arkansas Medical Society goes on record as favoring the use of intoxicants at their banquet. While we are guests of the Pulaski County Medical Society, at the same time, individually we have our rights. While no man is forced to partake of the use of intoxicants, at the same time there are men who never drink until they meet in societies that way. He meets with his old friends, and this man drinks a little and another man drinks a little, and the first thing you know he is taken out, when, if you kept it away from him, perhaps he would not participate at all. He would go back home and be a sober man while in Little Rock. I am not in favor of tabling that resolution. It would be a disrespect to the W. C. T. U.; besides, I don't think the Arkansas Medical Society ought to go on record as favoring, and it would be construed to mean that, at least, the use of intoxicants at their banquets.

Dr. Thibault: I would like to call the doctor's attention to the fact that the suggestion of Dr. Moulton was that the resolution be received instead of tabled. I had accepted that suggestion.

Dr. Mann: May I amend that motion, that we extend these women a vote of thanks and express to them our hearty sympathy and accord in this matter, and that this resolution be received and adopted?

Seconded.

Dr. Thibault: I make a point of order. The amendment containing the word "adopted" is out of order. It does not amend the original motion. It is simply a substitute motion to adopt.

President: The point of order is well taken.

Dr. Breathwit: Inasmuch as there is nothing before the house, as you sustained the point of order, I move that the resolution be received and referred to the Committee on Resolutions. That will bring order out of a chaotic condition.

Dr. Thibault: The original motion is still before the house.

Dr. Mann: If I leave the word "adopted" out and make the amendment as I have it.

President: That will be in order.

Dr. Mann: Dr. Moulton's resolution is in direct opposition to this petition sent in by the ladies of the W. C. T. U. I don't think we have got to vote on that motion. I don't think we should go on record as fighting these good women of the state. I don't believe Dr. Thibault and Dr. Moulton, if they think of it, would be willing to go on record as tabling that resolution of those women. I don't believe we can afford to—I know I would not—do anything which would in any way handicap or even stop the progress of the great movement of temperance in this state. These women are the best women we have anywhere, when you leave the principle of the thing out of the way. We ought to help them in every way we can, and I am opposed to that resolution.

Dr. Thibault: If the remarks Dr. Mann just made had been made by the members of the Pulaski County Medical Society, they would be highly appropriate, but I think it would be the height of impropriety, since these men have not spoken a word on the subject, for us to adopt that resolution.

The original motion carried.

The next in order was the report of the Committee on Medical Legislation and Public Policy.

REPORT OF COMMITTEE ON MEDICAL LEGISLATION AND PUBLIC POLICY TO THE HOUSE OF DELEGATES, ARKANSAS MEDICAL SOCIETY.

To the House of Delegates, Arkansas Medical Society:

We, your Committee on Medical Legislation and Public Policy, beg to report as follows:

In pursuance of instructions given at the Hot Springs meeting of the Arkansas Medical Society, a public health bill was prepared, and your committee succeeded in secur-

ing its passage by the last General Assembly. As was expected, violent opposition developed against the bill, the principal opponents being Christian Scientists, Homeopaths, Eclectics, Osteopaths, and the Arkansas State Pharmaceutical Association, the latter being represented by one Mr. Schachleiter of Hot Springs.

Representatives of these various organizations protested against the passage of the bill before the House and Senate committees, and employed the press and other means of exciting opposition to the bill. It was not without a hard fight that this opposition was overcome. A copy of the bill is attached hereto for the information of the honse.

A bill proposing to amend the Osteopathic law so as to give Osteopaths the right to practice everything bnt major surgery, a bill for the establishment of an Optometry board, and a bill legalizing the practice of mental healing were introduced in the General Assembly. Your committee opposed them and they failed of passage.

A bill was passed providing for an appropriation of $36,000 for the Medical Department of the Uuiversity of Arkansas.

Respectfully submitted,
MORGAN SMITH,
Chairman.

ACT NO. 96, 1913.

An Act for the Better Protection of the Public Health, and for Other Purposes.

Be It Enacted by the General Assembly of the State of Arkansas:

Section 1. Within thirty days after the passage of this act, it shall be the duty of the governor to appoint a State Board of Health, consisting of seven persons, one of whom shall be chosen from each congressional district in this State. In the event that the said congressional districts be increased or decreased, that the membership of said board shall increase or decrease in accordance therewith. Each member of the State Board of Health shall be a graduate of a legally constituted and reputable medical college and of at least seven years' experience in the practice of his profession in this State, and shall be of good professional standing.

Sec. 2. Each of the members of the State Board of Health so appointed shall take the oath of office prescribed by the constitntion for state officers, and be commissioned by the governor in the same manner as other State officials. The members of the said board shall hold office for four years; provided, that the first members so appointed shall serve as follows: Two until January 1, 1915; two until January 1, 1916, and three until January 1, 1917; provided, however, that the secretary shall hold office for four years from appointment. The members first appointed shall determine among themselves their respective terms of office, they shall elect one of their members as president, and they shall also elect a secretary, who may or may not be a member of the board, and who shall possess all the qualifications and have all the powers of the members of the board. The said secretary shall be known as the state health officer, and shall be the executive officer of the board, and perform such duties as may be prescribed by the board or required by this act.

Sec. 3. The Arkansas State Board of Health shall meet at least once a year, or as often as may be necessary in the interest of the public health, upon the call of the president or a majority of the members of the board.

Sec. 4. The Arkansas State Board of Health may adopt by-laws regulating the transaction of its business and provide therein for the appointment of committees to whom it may delegate authority and power for all duties committed to them, under the direction and subject to the control of the State Board of Health, and may also adopt and use an official seal. A majority of the members of the board shall constitnte a quorum for the transaction of business and perform such duties as the board may prescribe.

Sec. 5. The State Board of Health shall have general supervision and control of all matters pertaining to the health of the citizens of this State. It shall make a study of the causes and prevention of infectious, contagious and communicable diseases, and, except as otherwise provided for in this act, shall have direction and control of all matters of quarantine regulations and enforcement, and shall have full power and authority to prevent the entrance of such diseases from points without the state, and shall have direction and control over all sanitary and quarantine measures for dealing with all such diseases within the state, and to suppress the same and prevent their spread.

Sec. 6. Power is hereby conferred on the Arkansas State Board of Health to make all necessary and reasonable rules and regulations for the protection of the public health, and for the general amelioration of the sanitary and hygienic conditions within the state, for the suppression and prevention of infectious, contagious and communicable diseases, and for the proper enforcement of quarantine, isolation and control of such diseases; provided, however, that where a patient can be treated with reasonable safety to the public health, he shall not be removed from his home without his consent, or the consent of the parents or guardian, in case of a minor, and said rules and regulations, when so made, shall be printed in pamphlet form, with such numbers of copies as may be necessary for the distribution for information of health bodies, health and sanitary officers, and the public generally. But the State Board of Health shall not regulate the practice of medicine or healing, nor interfere with the right of any citizen to employ the practitioner of his choice.

Sec. 7. That the State Board of Health shall establish a Bureau of Vital Statistics and provide an adeqnate system for the registration of births and deaths, by formulating and promulgating rules and regulations prescribing the method and form of making such registration.

Sec. 8. That the secretary of the State Board of Health shall be the state registrar of vital statistics, and it shall be his duty to carry into effect the rules, regulations and orders of the State Board of Health. The board shall provide suitable apartments, properly equipped with fire-proof vaults and filing cases, for the permanent preservation of all official records.

Sec. 9. That for the purposes of this act the state registrar shall divide the state into registration districts, defining and designating the boundaries thereof and appointing local registrars in each district. Each registration district shall have at least one county therein.

Sec. 10. That each local registrar shall be paid the sum of twenty-five cents for each birth certificate and each death certificate properly and completely made out and registered with him, correctly recorded and promptly returned by him to the state registrar, as required by the rules and regulations. And in case no births were registered during any month, the local registrar shall be entitled to be paid the sum of twenty-five cents for each report to that effect, but only if promptly made in accordance with the rules and regulations. All amounts payable to a registrar under the provisions of this section shall be paid by the treasurer of the county in which the registration district is located, upon certification by the state registrar. And the state registrar shall annually certify to the treasurers of the several counties the number of births and deaths properly registered, with the names of the local registrars and the amonnts due each at the rates fixed herein.

Sec. 11. That the state registrar shall, upon request, furnish any applicant a certified copy of the record of any birth or death registered under the provisions of this act, for the making and certification of which he shall be entitled to a fee of fifty cents, to be paid by the applicant. And any such copy of the record of a birth or death, when properly certified by the state registrar to be a true copy thereof, shall be prima facie evidence in all courts and places of the facts therein stated. For any search of the files and records when no certified copy is made, the state registrar shall be entitled to a fee of fifty cents for each hour or fractional part of an hour of time of search, to be paid by the applicant. And the state registrar shall keep a true and correct account of all fees by him received under the provisions, and turn the same over to the state treasurer each month.

Sec. 12. That any person, firm or corporation who shall violate any rule, regulation or order of the State Board of Health relative to recording, reporting or filing information for the Bureau of Vital Statistics, or who shall willfully neglect or refuse to perform any necessary and reasonable duties imposed upon them by said orders, or who shall furnish false information for the purpose of making incorrect records for said bureau, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than one hundred dollars, or be imprisoned in the county jail not exceeding sixty days, or suffer both fine and imprisonment, in the discretion of the court.

Sec. 13. Be it further enacted, that the office of connty physician and county boards of health shall be abolished within the several connties of this state, and that instead the office of county health officer is hereby created in each county within this state; provided, however, that county physicians now in office shall serve as county health officers until the expiratiou of their preseut term. Within thirty days after the passage of this act, the State Board of Health, with the approval of the county judge, shall appoint for each county in this state a county health officer, who shall serve for a term of two years. The county health officer shall be a gradnate of a reputable medical college, and shall have at least three years' experience in the practice of medicine in this state. Each county health officer shall perform such duties as have been lawfully required of the county physician, and shall perform such duties as may be prescribed for him under the rules, regulations and requirements of the Arkansas State Board of Health. He shall also be required to aid and assist the State Board of Health in all matters of local quarantine, inspection, prevention and suppression of disease, vital and mortuary statistics and general sanitation within his county, and make such reports to the State Board of Health as shall be demanded of him. The county health officer shall receive for his services an annual salary to be fixed by the county court, which may be payable monthly out of the county treasury. Upon the failure of the county

health officer to perform the duties of his office, as herein required, he may be removed by the State Board of Health.

Sec. 14. There is hereby established in each city of the first class and each city of the second class in this state a city Board of Health, which shall be constituted as follows: The mayor of the city shall, at the first meeting of the City Council after assuming the duties of his office, appoint not less than five persons, two of whom shall be physicians, who shall be graduates of reputable medical colleges and of good professional standing, who shall constitute a city Board of Health, and shall have and exercise the powers conferred upon such boards by law and by the ordinances of such city; and the mayor of such city shall be ex-officio a member of said board.

Sec. 15. The offices of city physician for the several incorporated cities and towns within this state, and Boards of Health in incorporated towns, are hereby abolished, and instead created the office of city health officer; provided, however, that city physicians now in office shall serve as city health officers until the expiration of their present term.

Sec. 16. The office of city health officer shall be filled by a competent physician, legally qualified to practice medicine within this state, a graduate of a reputable medical college, and of reputable professional standing.

Sec. 17. It is hereby made the duty of the mayor of each incorporated city and town within this state to elect a qualified person to the office of city health officer, said appointment to be approved by a majority of the votes of the City Council. The city health officer, after appointment, shall take and subscribe to the constitutional oath of office, and shall file a copy of his appointment with the Arkansas State Board of Health and shall not be deemed to be legally qualified until said copies shall have been so filed.

Sec. 18. In case the authorities hereinbefore mentioned shall fail, neglect or refuse to fill the office of city health officer as in this act provided, then the Arkansas State Board of Health shall have the power to appoint such city health officer to hold office until the local authorities shall fill such office, first after giving ten days' notice in writing to such authority of the desire for such appointment.

Sec. 19. Each city health officer shall perform such duties as may now or hereafter be required by the City Councils and ordinances of city physicians and such duties as may be required of them by general law and city ordinances with regard to the general health and sanitation of towns and cities, and perform such other duties as shall be legally required of him by the mayor, councils, or the ordinances of his city or town. He shall, in addition thereto, discharge and perform such duties as may be prescribed for him under the directions, rules, regulations and requirements of the State Board of Health. He shall be required to aid and assist the State Board of Health in all matters of quarantine, vital and mortuary statistics, inspection, disease prevention and suppression, and sanitation within his jurisdiction. He shall at all times report to the State Board of Health in such manner and form as shall be prescribed by said Board of Health the presence of all contagious, infectious and dangerous epidemic diseases within his jurisdiction, and shall make such other and further reports in such manner and form and at such times as said State Board of Health shall direct, touching all such matters as may be proper for the State Board of Health to direct, and he shall aid said State Board of Health at all times in the enforcement of proper rules, regulations and requirements in the enforcement of all sanitary laws, quarantine regulations and vital statistics collections, and perform such other duties as said State Board of Health shall direct.

Sec. 20. The compensation of city health officers shall be fixed by the mayor and council of the respective towns and cities within this state.

Sec. 21. The State Board of Health shall establish, equip and maintain a hygienic laboratory, which shall be used for making analyses of foods and drugs, for the purpose of enforcing pure food and drug laws, and for making investigations of cases and suspected cases of malaria, diphtheria, typhoid fever, tuberculosis, epidemic cerebro-spinal meningitis, glanders, hookworm disease, rabies, and other infectious, contagious and communicable diseases. All investigations conducted in the said laboratory shall be free to the people of this state. The said hygienic laboratory shall be established and maintained at the Medical Department of the University of Arkansas, in connection with the regular Department of Chemistry and the Department of Bacteriology, and said hygienic laboratory of the State Board of Health shall be under the direct supervision of the secretary of the State Board of Health or his authorized assistants.

Sec. 22. All expenses legally and necessary incurred for the work of protecting the public health outside of cities and towns shall be paid by the county in which the expense is incurred; such claims shall be allowed by the county court when proved as other claims against a county are required by law to be proved. From the judgment of the county court upon any such claim, the claimant or any taxpayer of the county may appeal to the Circuit Court, and thence to the Supreme Court, but every claim must be approved by the county health officer before allowance, and the expense legally incurred for the protection of public health inside corporate limits of cities and towns shall be paid out of the treasury of the cities and towns in which the work is done.

Provided, that all of their expenditures made by representatives of the State Board of Health and chargeable, under the provisions of this act to any county, city or town, shall be made only with the advice and consent of the county judge of any said county, or of the mayor and town council in any incorporated town.

Sec. 23. The Arkansas State Board of Health is hereby authorized to publish for general distribution such reports and such other matter as it may deem adapted to promote the interest of the public health of this state.

Sec. 24. The office of the State Board of Health shall be in the Capitol, at Little Rock, and the said board shall be furnished with all necessary equipment and supplies, including laboratory supplies, books, stationery, blanks, furniture, etc., as other officers, necessary for carrying on the work of the board, and to be provided in the Capitol building or other suitable building to be designated by the governor.

Sec. 25. The State Board of Health may appoint and employ an assistant state health officer, who shall be a graduate of a reputable medical college, of good professional standing, and who shall have had five years' experience in the practice of medicine in this state, whose duty it shall be to assist the secretary of the board in a general supervision in the affairs of his office, and in the enforcement of quarantine and sanitation throughout the state.

Sec. 26. The State Board of Health is hereby authorized to employ such clerical assistants as may be required to faithfully and efficiently discharge all the duties pertaining to the business of the board.

Sec. 27. The secretary of the State Board of Health shall receive annually a salary of $1,800.00, and the assistant state health officer shall receive annually a salary of $1,500.00. The other members of the State Board shall receive no salary, but each of said members shall be allowed for each and every day he shall be in attendance upon the meetings of the board the sum of ten dollars ($10.00), including the time spent in transit, and three cents per mile going and coming for actual expenses, to be paid on their vouchers when approved by the secretary of the board by warrant drawn by the auditor against the appropriation provided by law for that purpose. The salaries of clerical and other assistants shall be fixed by the board.

Sec. 28. Every firm, person or corporation violating any of the provisions of this act, or any of the orders, rules or regulations made and promulgated in pursuance hereof, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than ten dollars nor more than one hundred dollars, or by imprisonment not exceeding one month, or both.

Sec. 29. It shall be the duty of the Arkansas State Board of Health to make an annual report, through its secretary, in writing, to the governor of this state, on or before the first day of January of each year, and such report shall include a financial statement covering the expenditures of all funds appropriated for its purposes, and so much of the proceedings of the board and such information concerning vital and mortuary statistics, such knowledge respecting diseases, and such instructions on the subject of sanitation and hygiene as may be thought useful by the board for dissemination among the people, with such suggestions as to legislative action as it may deem necessary.

Sec. 30. All salaries and other expenses provided for by this act not required to be paid by counties, cities and incorporated towns, shall be paid out of the general revenue fund of the state.

Sec. 31. There shall be an annual conference of county health officers and city health officers of this state, at such time and place as the State Board of Health shall designate, at which conference the president or some member of the State Board of Health shall preside. The several counties, towns and cities may provide for and pay the necessary expenses of its county health officer or city health officer for attendance upon said conference.

Sec. 32. All laws or parts of laws in conflict with the provisions of this act are hereby repealed.

Sec. 33. Whereas, The public peace, health and safety make it expedient that this act and bill become immediately effective, it shall be in force and effect from and after its passage.

Approved February 25, 1913.

President: This report will take the usual course and be referred to the proper committee.

The next order was the council's report as to the accounts of the secretary and treasurer and the Journal.

At a called meeting of the council, held in convention hall of the Hotel Marion, on Wednesday afternoon, May 21, 1913, the following councilors were present: Drs. Hilton, Hughey, Archer, Snodgrass, Bradford and Willis.

Committee composed of Dr. Snodgrass and Dr. Archer, appointed to examine the report on the accounts of the secretary and treasurer and of the editor of the Journal of the Arkansas Medical Society, report completion of their investigation with the result that accounts were found to be correct. On motion report was received and ordered filed.

The bills rendered by the following councilors for expenses incurred were submitted and upon examination and explanation were approved and ordered paid:

Dr. Bradford	$19.25	
Dr. Hilton	79.46	
Dr. Archer	24.50	
Dr. Hughey	73.01	
Dr. Snodgrass	30.45	$226.67
Bill for balance due state organizer, salary		72.20
Bill of Little Rock Trust Company for storage on box		1.50
Bill Dr. Meriwether, expenses for trip to Hot Springs, telephone bill and amount paid for postage		16.00
Total		$316.37

R. A. HILTON, Chairman.

President: Without objection this will be referred to the Committee on Council.

Dr. Pettus: I wish to introduce the following resolution:

Whereas, The Arkansas Medical Society is an organization having for its purpose the development of scientific medicine, the proficient practice of which demands constant and tireless investigation and study; and

Whereas, The welfare of the people of the state depends upon the scientific study and practice of medicine; and

Whereas, There is growing up in the society a sinister practice of solicitation for office and other iniquitous political maneuverings; and

Whereas, Scientific medicine and politics are incompatible, and the present situation is rapidly growing to the point that political practices are becoming more attractive to many than scientific research, whereby our younger members are unsuspectedly led into the former to the injury of themselves, our profession and the welfare of our people; and

Whereas, The student is unable to cope with the schemes of politics and politicians, and are mere playthings in the hands of the capricious and treacherous politicians, and thereby is robbed of his voice and influence in our society, to the great injury thereof; therefore, be it

Resolved, That it is the sense of this society that some action be taken at this convention to eliminate this alarming tendency, and for the protection of science and humanity.

2. That hereafter no member shall be eligible to hold an elective office who uses political methods unbecoming a member of our society in furtherance of his nomination or election; and that proof of such conduct shall be sufficient to disbar any member from office or rescind and vacate his election.

3. That a committee be appointed to investigate this matter and report to the society further plans of eradicating this evil and preserving our society.

Dr. Hathcock: I move the adoption of the resolution.

Seconded and carried.

Dr. Meek: I wish to introduce a resolution:

Resolved, That a vote of thanks is hereby extended to the Committee on Medical Legislation and Public Policy for the faithful manner in which it has discharged its duty.

I move the adoption of the resolution.

Seconded and carried.

Dr. Moulton: There is in the state a sect of practitioners known as chiropractics. They are a kind of bone setters, or something of that sort. The law, through a test case that went up from Franklin county, was found defective, so that these men are still allowed to practice their fraud upon the public. I move that the Committee on Legislation be requested to secure, if possible, an amendment to the medical practice act that will exclude these chiropractics and other such sects from practicing their art in the state.

Seconded and carried.

Secretary: I will just state for the benefit of those of you who were not present during this legislature that we had an amendment drawn to cover the chiropractics, but we who were on the ground found that there was such opposition to everything of a medical nature in that legislature that we were absolutely afraid to introduce anything. We were afraid if we attempted to amend our act any way at all, they would tear the whole thing to pieces. The best way to get around that is to amend our present law by knocking out the definition of the "practice of medicine." Our law tries to define what the practice of medicine is. New York and other states have eliminated the definition of the practice of medicine and leave it entirely to the courts. I think that is the best way. We have got a good law, and if we can eliminate that point by cutting out the definition of practice of medicine, I think we will be able to cover the entire ground. The Supreme Court ruled that our definition did not cover chiropractics. We succeeded in knocking out a bill introduced giving them a board. But under our law, according to the Supreme Court, we have no way to control them until we get another meeting of the legislature.

Dr. Cox: We have with us some distinguished physicians, among them Dr. Bransford Lewis and Dr. John Brown of St. Louis, Dr. Eugene Johnson, Dr. Frank Jones and Dr. William Britt Burns of Memphis, and others. I move that the courtesies of the floor be extended to them.

Seconded and carried.

On motion the House of Delegates adjourned to meet the next day.

Fourth Day—Thursday, May 23, 1913.

The House of Delegates met pursuant to adjournment.

Dr. Moulton: Since the last report of the Credentials Committee there have been some new delegates. The committee have examined the credentials and find that they are all right.

The roll was called, there being sixty-four delegates present, including the councilors and officers.

The report of the Nominating Committee was then in order.

President—1, Dr. F. B. Young, Springdale; 2. Dr. W. W. Hippolite, DeVall's Bluff; 3, Dr. R. A. Hilton, El Dorado.

First Vice President—L. E. Moore, Searcy.
Second Vice President—S. L. Steer, Hot Springs.
Third Vice President—F. G. Richardson, Heber Springs.
Treasurer—W. R. Bathurst, Little Rock.
Secretary—C. P. Meriwether, Little Rock.

Councilors.

First District—M. C. Hughey, Rector.
Third District—T. B. Bradford, Cotton Plant.
Fifth District—J. S. Rhinehart, Camden.
Seventh District—John F. Rowland, Hot Springs.

Delegates.

Ninth District—A. M. Hathcock, Harrison.
Delegate to A. M. A.—M. V. Laws, Hot Springs.
Alternate to A. M. A.—Carl E. Bentley, Little Rock.

Sections.

Practice of Medicine—Chairman, C. J. March, Fordyce; secretary, J. S. McGraw, El Dorado.

Surgery—Chairman, C. S. Holt, Fort Smith; secretary, Earl Hunt, Clarksville.

Obstetrics and Gynecology—Chairman, R. L. Saxon, Little Rock; secretary, O. B. Ward, England.

Pathology—Chairman, F. B. Kirby, Harrison; secretary, O. L. Thompson, Little Rock.

State Medicine and Public Hygiene—Chairman, J. L. Green, Little Rock; secretary, C. W. Garrison, Little Rock.

Dermatology and Syphilology—Chairman, J. L. Chestnut, Hot Springs; secretary, J. M. Proctor, Hot Springs.
Diseases of Children—Chairman, N. E. Murphy, Clarendon; secretary, A. R. Hedrick, Booneville.

Resolution offered by Dr. S. E. Thompson and carried by unanimous voto of committee:

Resolved, by tho Nominating Committee in regular meeting assembled, That we pledge ourselves individually and collectively not to support in the future any candidate for any office in the Arkansas State Medical Society, who promulgates and by political methods endeavors to advertise his candidacy, either through his own efforts or through the efforts of his friends.

The election of a president was in order.

Dr. Brown: After the first ballot I move that we drop the hindmost man until one is elected.

Seconded and carried.

On the first ballot Dr. Young received forty-one votes, Dr. Hippolite seven votes and Dr. Hilton seventeen. Dr. Young, receiving a majority of all the votes cast, was declared elected as president.

Dr. Thibault: I move that we make the election of Dr. Young unanimous.

Seconded and carried.

Dr. Holland: I move that the secretary cast the unanimous vote of the House of Delegates in favor of the remaining names, with the exception of the delegate to the American Medical Association.

Seconded and carried.

Dr. Pettus: I want to put in nomination for delegate to the American Medical Association Dr. G. A. Warren of Black Rock.

Seconded.

Dr. Watson: I want to put in nomination Dr. W. V. Laws.

President: I have looked carefully over the by-laws of this society and I ean find no by-law giving the privilege to this body of making a nomination from the floor. It is very plainly specified, it seems to me, that all nominations shall be made by the Nominating Committee. That has been my interpretation of the by-laws, and I shall so rule. If this House of Delegates does not cast a majority for the nominee which has been brought here, it shall be the duty of this Nominating Committee, according to my ruling, to meet and make another nomination and make a report to this body.

Dr. Snodgrass: I move that the House of Delegates cast the ballot unanimously for Dr. Laws.

Seconded.

President: It is the privilege of the chair to order a ballot.

Dr. Thibault: After one has a majority we ean make the vote unanimously, but I think Dr. Snodgrass' motion to vote on one candidate when there are two names before the house is entirely out of order.

President: There are not two names.

Dr. Thibault: Dr. Bentley and Dr. Laws.

President: One is for delegate and the other for alternate.

Dr. Pettus: By the withdrawal of my nominee, wouldn't that save the trouble and confusion of a vote? I nominate Dr. Laws.

President: I failed to entertain your motion.

By a vote of fifty-five to eleven, Dr. Laws was elected delegate to the American Medical Association.

The place of meeting next year was then in order.

Secretary: Let me read some telegrams.

El Dorado, Ark., May 21, 1913.

The President of the Arkansas Medical Society, Care Marion Hotel, Little Rock, Ark.:

El Dorado wants the next meeting of the Arkansas Medical Society, and we most cordially invite you to come.

EL DORADO BOARD OF TRADE,
By Albert Rowell, Pres. El Dorado Industrial League,
By R. N. Benson, Pres.

El Dorado, Ark., May 21, 1913.

The President of the Arkansas Medical Society, Care Marion Hotel, Little Rock, Ark.:

We do most respectfully ask that the Arkansas Medical Society hold its meeting in 1914 in El Dorado.

C. W. HEARIN, Mayor,
WM. VANHOOK, County Judge.

El Dorado, Ark., May 21, 1913.

Arkansas Medical Association, Marion Hotel, Little Rock:

We extend cordial invitation to meet here next year, and will do all that is necessary to make your stay pleasant and agreeable.

W. M. BELLOTT, Exalted Ruler Elks' Lodge.

Dr. Rowland: I move that we meet at El Dorado next year.

Dr. Rembert: I move that we meet at Hot Springs.

Seconded.

Dr. Pettus: I would like for Dr. Thompson of El Dorado to tell us the advantages of meeting in El Dorado, which I am sure he can do.

Dr. Brown: Before you do that, we have not been invited to any other place. We have no other place to go.

Dr. Thompson: I do not deem it necessary for me to tell you of the advantages that we have to offer when you come to El Dorado, because this is one time we have a lead pipe cinch on you. I don't know whether any other nominations are to be made, but if there are any other nominations it seems we have you for next year. We have at El Dorado just what we believe that the Arkansas Medical Society needs. We have what De Soto spent his life to find, what he invaded the wilds and the dangers of an unexplored country to find. We have a place of eternal youth. We have a place where the roses always bloom and the jessamines never die, and the song birds forever sing. We have the prettiest women on the face of the earth and the best men. We have everything there necessary to make a good doctor. We have everything that appeals to all the good that's within you, and everything that makes you feel disposed to condemn the bad. I believe that if the Arkansas Medical Society will hold their next meeting at El Dorado, it will put them on a higher plane than that on which they have ever stood before. It will place them above that which they expect to find after they have eliminated politics from the Arkansas Medical Society, and I believe if you hold your next meeting there no further effort will be necessary to elevate, promote and develop the Arkansas Medical Society.

Dr. Brown: I move that we go to El Dorado by a unanimous vote.

Seconded.

Dr. Phillips: I move we close the nominations.

Dr. Stewart: It seems to me there is a question as to whether we have a right to go anywhere else exeept El Dorado. It is true there has been two nominations, but we have had only one invitation. While I would enjoy going to Hot Springs the best in the world, and am always glad to go there, I do not feel like going over there next year without an invitation.

President: I have no official authority to invite this society to Hot Springs, but I am sure all

bodies of this kind are welcome at any time, and I am sure they would be glad to have the Arkansas Medical Society.

Dr. Snodgrass: I move the nominations be closed.

Dr. Rembert: I withdraw the nomination of Hot Springs.

El Dorado by a unanimous vote was chosen as the next meeting place.

The next in order was the adoption or rejection of the amendments proposed at the last meeting.

The first amendment considered was that Section 13, Chapter IX, of the by-laws, be amended to read by inserting the words "on or before March 1 of each year," instead of "thirty days before the annual session."

Dr. Moulton: I move the adoption of the amendment.

Seconded and carried.

The next amendment considered was that Section 14, same Chapter IX, be amended to read "thirty days" instead of "ten days."

This amendment was unanimously adopted.

The next amendment considered was amendmeut to Section 5, Chapter V, of the by-laws. In addition to the section as it stands, the following shall be added: "No member shall be eligible to any office of this society who is not in attendance at the meeting at which the election is held."

Dr. Eberle: I move the adoption of the amendment.

Seconded and carried.

The next amendment considered was: "Be it Resolved, To amend Section 11 of Chapter IX of by-laws to read as follows: 'Section 11. At a meeting on the second Tuesday of December of each year, each county shall elect its officers and a delegate or delegates,' etc."

Dr. Eberle: I am heartily in favor of electing their officers on the second Tuesday of December, but it is a question in my mind whether it is wise to elect the delegates at that time. We have seen at this meeting and other meetings where delegates are elected and alternates are elected and are not present, and then this society seats anyone whom they choose, whether he represents the county or not, if he is from that county. Of course, the presumption is he represents the county. I think it is fair the county should be represented if he is the only one present. By electing a delegate three months or more in advance, it would be a difficult matter to select a man that can come. It's a difficult matter for a man to say at that time whether or not he can come. I am in favor of electing the officers at that time, but let us elect the delegates in thirty days of the meeting.

Secretary: This section does not provide that the delegates' credentials shall be sent to the secretary more than ten days before the annual meeting.

Dr. Eberle: But if he is elected three months before, what's the difference?

Dr. Thibault: In regard to the advisability of the county societies electing their officers earlier or later in the year is not a part of this resolution that I am to discuss. What right has the Arkansas Medical Society, if each county society has a constitution and by-laws, to virtually amend the constitution and by-laws of every county society in the state through the House of Delegates of the Arkansas Medical Society? If we adopt this, every county society has to change its date of election by amending its own constitution and by-laws. Why not make it a suggestion on the part of this House of Delegates that each county society take it up and change its constitution and by-laws. We have no authority, as a House of Delegates, to amend the constitution and by-laws of the local county societies and make it read different and strike out the whole paragraph and change it from one month to another. We can't enforce it—it's simply a matter of recommendation on our part—no more than the American Medical Association could adopt a resolution to change the date of our meeting here and the method of our electing officers. It is outside of the power of this society to enforce it, unless the county societies simply accept the suggestion. I think we simply ought to pass a resolution suggesting that the county societies adopt a uniform day of electing officers, instead of embodying it in our by-laws when we are unable to change the constitution and by-laws of the separate county societies.

Dr. Snodgrass: I take issue with Dr. Thibault on that point. When a county society gets up its constitution and by-laws, it must not get anything in that constitution and by-laws that conflicts with the constitution and by-laws of the State Medical Society. And if we pass a law here it will be obligatory on the part of the county societies to any by-law or any resolution that we pass. I don't see how you can get around that.

Dr. Thibault: That is the constitution and by-laws already in force by the State Medical Society. We might say Congress could pass a law taking the right away from every state, still no state could have a constitution that is in direct conflict with the constitution of the United States. Every state has laws that Congress cannot take away from them.

Secretary: I will say that the House of Delegates of the American Medical Association has drawn a preliminary constitution and by-laws for county societies, which they hope to have adopted in every county in the United States that has a county society, and all the new counties that have been organized have adopted this uniform constitution and by-laws; and it is to be hoped that, on the recommendation of this body, every county society in the state will adopt it. This constitution and by-laws has been printed in a booklet that we can buy from the American Medical Association for $5.50 a thousand. We can send a copy of that to every member of the Arkansas Medical Society. The Pulaski County Medical Society just recently figured on having our present constitution and by-laws printed in pamphlet form. We find it would cost us $30.00 for two to get that printed. Every member of the state society should have a constitution and by-laws of his county society, the state society and of the American Medical Association. And I believe that if we adopt this amendment that every county in Arkansas would conform to it. I believe that when we send this uniform constitution and by-laws out to the counties they will all adopt that, and in that way we can get the constitution and by-laws of the American Medical Association, the State Medical Society and the county societies in the hands of all of our members at a very nominal cost.

Dr. Rowland: I move that the discussion now close, and that a vote be cast for the amendment.

Seconded.

The amendment was adopted.

The next amendment considered was: "Be it Resolved, That Section 2, Article IX, of the constitution, be amended to read as follows (following first sentence): 'The terms of the councilors shall be for three years, those first elected serving one year, two and three years, as may be arranged, so that after the first year three councilors shall be elected, after the second year three, and after

the third year four, each to serve three years from his election.' ''

Dr. Moulton: I move that this amendment be rejected.

Dr. Snodgrass: I second the motion.

Dr. Hathcock: I do not remember how that constitution reads.

The secretary here read the constitution as it is now.

A vote being taken, the amendment was rejected.

The next amendment considered was as follows:

''Be it Resolved, That Section 5, Chapter IX, of the by-laws, be amended to read as follows: 'Section 5. (Following first paragraph of section.) Undergraduates possessing the other qualifications of membership may become members of the county society by complying with the following requirements:

'' 'They shall apply to the president and secretary of their county society for membership. This application to be accompanied by a certificate of good character from the citizens of the applicant's community. This application is to be sent by the secretary of the county society, with accompanying certificate of character and suitable recommendation to a Board of Censors of the Arkansas Medical Society. This application shall be passed upon by this Board of Censors and returned to the county society with suitable recommendations as to its acceptance or rejection, after which it shall take the usual course of applications of graduates by being submitted to the vote of the county society and any other requirements.

'' 'The action of the Board of Censors is not to be mandatory, but wholly advisory, and is merely an aid to protect the county society from undesirable members.

'' 'Members coming in under this ruling shall be entitled to all the rights and privileges of all other members in both state and county societies, except that of holding office in the state council.' ''

Dr. Harrison: I move the adoption of the resolution.

Seconded.

Secretary: The county society is the only portal of entrance to the State and American Association. The American Medical Association in its constitution so states. The State Medical Society has not anything to do with how they get a man in it. I don't believe under the constitution of the American Medical Association that a Board of Censors of the state society could pass on the fitness of any man any more than to state what the requirements shall be for him to get in. And the men located and living in the county where these undergraduates are are more fit and more suited to know the conditions under which those men live and their surroundings than anybody else the state society could appoint, or a Board of Censors of men who live in Little Rock, or one in Fort Smith, one in Little Rock and one in Pine Bluff. I believe that this particular amendment should be stricken out entirely.

Dr. Rembert: I move that the amendment be rejected.

Dr. Thibault: I would like to call your attention to the inconsistency of Dr. Meriwether's remark that he just while ago made, that the state society could adopt anything it pleased and enforce it on the county society, and then says this amendment adopted by the state society leaves entirely in the county society's hands the privilege of judging the qualifications of its members. This amendment, if adopted, brings into the Arkansas Medical Society a great abundance of weak material that will become putty in the hands of the professional medical politicians. Every year since I have been a member of the Arkansas Medical Society this same amendment has come up in one form or another, generally backed by the same class of men, the politicians of the Arkansas Medical Society, simply to give them a lot of weak outside men into the society by which they can control the decent element of the Arkansas Medical Society. If these men are put in here and put in the hands of the politicians of the Arkansas Medical Society, the interest of decent men will cease. It's flagging now. The State Board of Examiners and other state politicians coming into the Arkansas Medical Society so far overshadow the scientific interest of our meeting that this has become a political meeting, equal to the Arkansas legislature or any other political meeting where log rolling begins with the first registration of a delegate from his county society. Now, gentleman, if we can put in three or four hundred weak men outside of the experience of these meetings, men of limited education—not only medically, but they are generally men of limited education in all branches—if we can put quantities of them into this society and turn them over to the bosses of this society, I am willing to guarantee that the decent doctors of Arkansas will get outside of it.

Delegate: Doesn't it say these men can hold office?

Secretary: They can hold office for everything except that of councilor.

Delegate: Could they come in the House of Delegates?

Secretary: Yes. They would be eligible under this to president.

Delegate: I would agree with what Dr. Thibault said. I don't believe they should be admitted, because politics, as you know, is already in our society and should not be. I think we should get together and get it out and have a clean society as near as possible without politics.

Dr. Thompson: It seems to me that this is rather a serious proposition for the House of Delegates to consider. The argument that the gentleman has just advanced reflects on the personnel of the State Medical Society as it already exists rather than on the undergraduates. He says if we take them in here that the men we have now will use them as tools. On whom does that reflect? If that is the case, we had better get these fellows out of here that are looking for something to use and take in these men. It seems to me if the State of Arkansas will license a man to practice medicine, that that man ought to be entitled to come into the fold of organized medicine. I don't care to take any position that would put me in the attitude of a politician, because everyone who knows me knows that I am not a politician. But it seems to me that so long as we keep these men out we are driving them into methods and practices for which we and not they are responsible. I don't believe that it is possible to take them in and use them as tools in political material. I think if there is any, we have got those fellows already in here.

Dr. Wilson: If we keep them out, we at least keep the educational standard of the medical society where it should be. We have in our county a great many undergraduates, really more than we have graduates, and those men have no incentive to go ahead and complete their education. They pass the State Board by hook or crook, it seems to me. I don't mean to pass any reflection on

the State Board, and often wonder how they get through. Then they start out into the woods to practice medicine and they never leave; they never come to the State Medical Society; they never take post-graduate work. If they should happen to fall into our little county society meetings, which they never do, they would find they were behind the times. So it seems to me that the best way to keep the society elevated and to raise our standard is to keep those people out.

Dr. Hathcock: There must be a line of demarcation drawn somewhere. If there is no difference with the exception of holding an office as councilor between the graduate and undergraduate, then what encouragement is it, so far as a man's standing is concerned, for him to go on and graduate? Of course, it would be a satisfaction for him to know. But then, if a man outside that can, by some crook or turn, get into the society by having a few friends in the society that want to use him for purposes, and we get a lot of those fellows inside and they come here to the Arkansas Medical Society and have the same rights and privileges as you, I and every other man, then the Arkansas Medical Society will become burdened with an element that I am afraid we would be glad to get rid of. I don't mean to reflect upon any man because he is not a graduate. He has a right to remain outside; but, as I say, there must be a line drawn somewhere, and consequently I think the standard should be raised instead of lowered, and the only way that I see best is to have the Arkansas Medical Society recognize that as a standard, every man of a good moral character. Of course, they don't have to take any man, but if he is of good moral character, has a diploma from a reputable medical college, then he is admissible; otherwise he ought not to be.

Dr. Moulton: As at present, our state constitution permits the membership of men who are not graduates. I don't see what is the use of attaching this amendment to it. The constitution provides that any legal practitioner of good moral standing may become a member of the county society if the county society wants him. If he becomes a member of the county society, he is then a member of the state society.

Secretary: That section reads: "Each county society shall judge of the qualifications of its own members, but as such societies are the only portals to this society and to the American Medical Association, every reputable and legally registered physician, who is a graduate of a reputable medical college, and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership."

Dr. Moulton: I stand corrected. That part of the argument is not necessary to advance. All that I would have to say would be what has already been said against the admission of the undergraduates. I am not in favor of it, because it lowers our standard. It is much more of an honor to belong to a society of educated men than it is to a society of uneducated men.

Dr. Hilton: I am thoroughly in favor of drawing the line, but I think you had better be a little bit careful. I have had lots of trouble about bringing in these men. We have got to submit to those things. I don't believe it is a very good idea to legislate against the weak. I have been opposed to this proposition of taking undergraduates into the Arkansas Medical Society for twelve years; in fact, the entire time I have been a member of it until this year. This year we have attempted to bring about the best organization that was possible with the time we had and the means at hand. Whether it has been, you are to judge. I don't believe there is a county but what will grow, and I think it would be a good idea to bring these undergraduates within the Arkansas Medical Society and not try to legislate against them because we are afraid of the weak. When a man gets afraid of the weak, he is not very much of a man. When the Arkansas Medical Society and the personnel of the Arkansas Medical Society gets afraid of the weak men of the state, they are rather afraid of themselves. As far as politics being the reason for excluding them, I think Dr. Thompson's idea about that is correct. If we have methods in our organization that are wrong, let's get some law that will govern it and control it. Let us not fight these fellows on the outside because they are not living as they should or practicing medicine as they should, because they are not graduates. Bring them in where we can control them. They are some burden to us as they are; they are some burden to our legislation and they are some burden to the present standard we are trying to maintain. In my county we have four undergraduates, three of them members of our society, associate members. We have got them in there, and endeavor to get them in so that we can control them and keep them from practicing unethically. We have a rule that no examination for life insurance shall be made for less than five dollars. So it was necessary to bring them in and get them under this, and they were very glad to do it. In fact, we have made better practitioners out of those men, and I believe they feel proud of the fact that they are members of the society. I believe every county in this state, if they would simply be as charitable to them as practitioners and treat them as practitioners as they do when they go into consultation with them for a fee, I believe they would be better by it and you would be doing more for the Arkansas Medical Society than to exclude them by legislation. Because there is not a man who has not been in consultation with some undergraduate. You have met them on the level as practitioners, you have viewed his case and made your diagnosis of the case and gone to the bedside and told your view about it and left the case with him to treat on that ground. If you can go into the home of his patient and take his case and treat him with the same courtesy as a physician as you would any other graduate, why not recognize his ability as a practitioner. I don't think, we can make any mistake by giving them the opportunity, and then be strong enough within ourselves to pass those laws that will make us a concrete body that these weaklings cannot destroy our body.

Dr. Snodgrass: I don't see that there would be any very great danger in taking these men in. It would only be a question of some ten or twelve years that they would be eliminated from Arkansas almost entirely. We can take them and carry them as associate members. They won't do us any harm if admitted to the state society. As councilor this year, I visited ten or twelve counties of this state, and know how hard it is in some counties to organize county societies. It's a question whether you stand for organized medicine or whether you stand for graduates in medicine. In some of these counties you can't organize county medical societies without taking in undergraduates as associate members. The question for us to decide is whether it is better for us to take them as fully affiliated with our state society or as associate members in the county society, as we are doing today. Personally, I would be in favor of carrying them as

associate members in the county society for a few years longer. After that time, if we want to take some of the better class of them into the state society, it would be all right. The man that practices medicine as an undergraduate usually gets into some other line of business after a few years, or gets to be a pretty decent fellow. They can't last under the existing medical laws, because they have been revoking their license right along, and we are going to straighten them out in that direction. I have no fear of the undergraduates.

Dr. Bradford: I endorse what he just said. I think as a councilor of this society we have nothing to fear from the undergraduates. I don't want to lower the standard of medical or literary education. I am glad to see the standard being raised, or the qualifications to enter the practice of medicine or the study or medicine, but I would rather have the undergraduates in my county and state society where we can handle them, than to have them outside where they are practicing and meeting them in consultation and stand just as well with their people, or possibly better, and will discredit organized medicine. I think they ought to be taken into the society. I have known of a few cases where undergraduates were taken into the society as associate members, and it so ennobled them, made them feel so much better, then attended medical colleges and graduated as reputable medical men. I think this amendment is worthy of our serious consideration.

Dr. Hippolite: Since the organization of the Prairie County Medical Society, we have what we call a limited membership of undergraduates. They can participate in discussions, listen to papers and prepare papers, but they cannot vote or hold office in the county society. It is working well. A few of the members of my society is made up of those who came in as undergraduates, that is, partial members, and they went on in the regular way and became graduates. There are those who never would graduate. I am very much opposed to admitting them.

Dr. Hilton: In view of Dr. Meriwether's statement, I agree with him about that. I think he is correct in stating that would be in violation of the American Medical Association's constitution. I want to amend that amendment by eliminating that censorship, and that "all reputable and legally registered physicians of the State of Arkansas" shall become members of the component county societies.

Dr. Snodgrass: I rise to a point of order. This is a resolution that was offered last year. Would it be proper for that to be amended this year? You can't amend that resolution.

Dr. Hilton: You can amend the resolution at the time of its final passage. I will call on Roberts' rules on that.

Dr. Snodgrass: I don't believe you can do that.

Dr. Hilton: You can exclude it from amendment before, but you can amend it on its final passage, and that's the time you are supposed to put on any amendment you can.

Secretary: You can amend by striking out.

Dr. Hilton: Or by adding to.

Dr. Snodgrass: I think that resolution ought to lay over a year.

Dr. Hilton: I want to read the section as amended.

"Section 5. Each county society shall judge of the qualifications of its own members, but as such societies are the only portals to the society and to the American Medical Association," here comes the amendment to our amendment here, "every reputable and legally registered physician who is registered under the laws of Arkansas shall be eligible to membership," and then the balance of the section is, of course, just like it reads. I move that amendment to the amendment that is offered.

Dr. Wilson: I move the secretary to call the roll on the amendment to the amendment.

Seconded and carried. The roll was called.

Dr. Thibault: I move that the motion to adopt the amendment be laid on the table.

Seconded.

Dr. Hilton: I rise to a point of order. There is a motion already before the house.

Dr. Thibault: A motion to table is in order at any time, except when a motion to adjourn or to fix time of adjournment is made.

President: I rule that the motion made by Dr. Thibault to lay on the table is in order.

The motion to table was carried.

Dr. Thibault: The motion just made carried the amendment on the table. When the amendment was laid on the table, it carried the original question with it.

The report of the chairman of the council was then in order.

Dr. Hilton: The council has no other report to make other than one resolution that it would submit to your body in correction of a little incident that took place in regard to Senate Bill No. 451 disappearing. You remember that at the meeting of the Arkansas Medical Society at Hot Springs your House of Delegates passed a resolution offering $500.00 for the recovery of that bill. By some means the opinion became current that the secretary of the Senate at that time was held responsible by some men for it; if not entirely so, by negligently not taking a receipt for the bill. But it afterward developed that C. W. Taylor came forward and acknowledged the fact that he had the bill at all times, and Mr. Trevathan was not at any time responsible for it, and by that means I think Mr. Trevathan was possibly beaten for secretary of the Senate. It seems to be nothing but right that the Arkansas Medical Society should pass some resolution setting forth the fact that it holds Mr. Trevathan blameless for the disappearance of the bill. I have the proceedings of the Senate here in regard to the investigation of the disappearance of that bill, with Mr. Taylor's affidavit and others in connection with the clearing up of the matter entirely. If you want to read it, I will let the secretary read it.

State of Arkansas, }
County of Pulaski. }

I, T. J. Terrel, solemnly swear that I am secretary of the Senate of the Thirty-ninth General Assembly of the State of Arkansas.

The within documents, consisting of statements made by G. W. Hendricks, A. J. Johnson, C. W. Taylor and E. A. Stanley, have been carefully examined by me, and that the same are true and perfect copies of the original statements now on file in the secretary of state's office as part of the records of the Senate of the Thirty-ninth General Assembly.

(Signed) T. J. TERREL.

Subscribed and sworn before me this 28th day of April, 1913.

(Seal.) CHAS. JACOBSON, Notary Public.

SENATE RESOLUTION NO. 6, BY SENATOR RANEY, JANUARY 17, 1913—READ AND NO ACTION TAKEN.

Whereas, It has been charged that the bill providing for the creation of a State Board of Health disappeared during the last session of the General Assembly of the State of Arkansas; and

Whereas, It has been currently reported that a prominent Arkansas politician knows the facts in regard to said bill; therefore, be it

Resolved, That a committee of three senators be appointed by the president of the Senate to investigate the matter and report to the Senate. Said committee to

have authority to summons witnesses and administer oaths and take testimony.

State of Arkansas, }
County of Pulaski. }

I, T. J. Terrel, do solemnly swear that I am secretary of the Senate of the Thirty-ninth General Assembly of the State of Arkansas, and that the above is a true and perfect copy of a resolution introduced in the Senate by Senator Raney.

(Signed) T. J. TERREL.

Subscribed and sworn to before me this 28th day of April, 1913.

(Seal.) CHAS. JACOBSON, Notary Public.

This resolution was introduced Friday evening, January 17, 1913, just as the Senate adjourned until Monday, January 20, 1913, at which time the statements of Mr. Taylor, Mr. Stanley and Mr. Hendricks were filed with the secretary of the Senate.

Little Rock, Ark., January 11, 1913.

As a member of the Committee on Enrolled Bills of the Senate of 1911, will say that the bill providing for a State Board of Health after its passage was delivered to the Enrolling Committee by Secretary George Trevathan and was afterward displaced or lost by the committee, or while in their possession.

Respectfully,
A. J. JOHNSON.

This statement shows that the bill was delivered to the committee by Mr. Trevathan, and the bill taken from the committee.

Shortly after the adjournment of the legislature of 1911, I was before the city Board of Health of the city of Little Rock advocating the passage of the meat inspection ordinance. The board at that time was much confused because the act of the legislature recently passed was materially affecting, and, to a considerable extent, disorganizing the Boards of Health of cities. A copy of the recent act was before us, and, upon examination, I expressed the opinion that it might be void for uncertainty. I was then requested by the Board of Health to investigate the matter thoroughly and render a written opinion.

The journals of the two houses showed that the bill had passed the Senate, was amended in the house, the amendment concurred in by the Senate, and the bill lost. The best information I could obtain at the time was that it was lost after it reached the Enrolling Committee. A copy of the original bill not bearing the amendment put on by the house, as aforesaid, was submitted to the enrolling clerk, enrolled and approved.

About the time I was finishing my investigations, Mr. C. W. Taylor, then deputy secretary of state, and my close personal friend, told me in confidence that, responding to the request of a friend who desired information concerning the bill, he had borrowed it and had taken it to the office of the secretary of state. He was under the impression all the time that he had returned it, but some time after the legislature had adjourned, while going through his desk in his office, he was surprised to find this bill; that doubtless in the rush and confusion of the time this bill had become covered by other papers on his desk, and had been entirely overlooked. He was very much concerned about the matter and we discussed for some time what was best to do under the circumstances.

I have known him for many years, and know him to be a man of unquestionable veracity, and unhesitatingly accepted his explanation of the matter. I felt that the only thing he could be blamed for was the slight degree of carelessness, and he could hardly be blamed for that, being familiar with the confusion in his department, which always exists during the latter part and just after the close of the legislature. He asked me at the time what was best to do about it, and I told him I could see no good to be accomplished by saying anything about it at that time, as the legislature had already adjourned, and it was too late to rectify it. I had heard at the time that the secretary of the Senate had been censured for the loss of the bill, and I was sure I was in possession of enough facts to exonerate him, and at the same time protect Mr. Taylor against censure for his inadvertent act.

A few days afterward I met several parties who were interested in this bill, and told them that I was satisfied from the information that I had the secretary of the Senate was not responsible for the loss of this bill. Soon afterward I met the secretary of the Senate and told him I was convinced that he had been wrongfully accused of improper conduct concerning this bill. Just before the organization of the present legislature, when Mr. Trevathan was a candidate for re-election, he told me that he had been accused of improper relations in this matter, and asked me to make a statement to certain parties interested. I told him that I would not hesitate to make a statement to anybody at any time of all the facts I knew concerning the same, except to divulge the name of my friend who had inadvertently mislaid it because to do so would be a violation of personal confidence. I deemed it not necessary, because parties with whom I had talked about the matter said that they accepted my statement and seemed to be satisfied.

My efforts in this matter have been only to protect the parties connected with this affair from embarrassment, and I regret that I did not advise Mr. Taylor at the time to make a full statement regarding the same.

I have perfect confidence in him, and this confidence is based upon an intimate acquaintance extending over a number of years; even had he been a stranger, his manner and his explanation of this affair would have convinced me of his innocence.

He has always manifested a disposition to give the full details concerning this matter, should it become necessary in exonerating the secretary of the Senate, or be deemed expedient for him to do so.

G. W. HENDRICKS.

STATEMENT OF E. A. STANLEY.

To Whom It May Concern:

I, E. A. Stanley, on oath state that I recall the loss of the substitute for Senate Bill No. 198, the substitute being No. 451, and entitled "An act to be entitled an act to create a department of health, define its powers and duties, and for other purposes," passed by the last General Assembly. The facts in connection with the loss of the substitute are as follows:

Toward the close of the session, someone requested a copy of the bill, or some information with reference to it. The request was made to Mr. C. W. Taylor, deputy secretary of state. Mr. Taylor left the office to get the bill. He either gave the party a copy of it or the information requested. After the legislature adjourned Mr. Taylor was looking through one of the desks in the secretary of state's office, and discovered the bill. I was with him at the time, and he asked me what I thought he ought to do about it. I told him that since the legislature had adjourned nothing could be done about it, and that an explanation of its loss at that time would be of no service to anyone. He put the bill away and still has it. He was as much surprised as anyone to find it. He had evidently overlooked taking it back to the Senate, and by mistake had left it with numerous other papers on the desk in the office of the secretary of state in the hurry of the work, which at that time was very great. I am sure that he had no interest in the bill, and no interests to serve by failing to return it to the Senate. It was merely an oversight, and my opinion given to him at the time was that nothing could be accomplished by saying anything about it. The substitute bill had been lost, and search for it had been made just before the legislature adjourned. It could not be found, but the original bill had been located and signed by the governor.

When I made the statement to Mr. Taylor suggesting that he make no explanation of the loss of the bill, I had no idea that the matter would ever be mentioned or deemed of importance to anyone, but later developments seem to require an explanation of its loss, and I hereby give my recollection of the matter.

E. A. STANLEY.

Subscribed and sworn to before me this, the..... day of January, 1913.

.....
Notary Public.

STATEMENT OF C. W. TAYLOR.

To Whom It May Concern:

I, C. W. Taylor, on oath state that shortly before the last legislature adjourned someone requested a copy of or some information relative to the substitute for Senate Bill No. 198, the substitute being No. 451, entitled "An act to be entitled an act to create a department of health, define its powers and duties, and for other purposes," passed by the last General Assembly. The request was made to me. At that time I was deputy secretary of state. I went to the Senate, which was in session, and got the substitute (from the secretary) and brought it back to the secretary of state's office. I either gave the party requesting it a copy of the bill or the information desired. Some while after the legislature adjourned, I was going through one of the desks in the secretary of state's office, and found the bill. Mr. E. A. Stanley, one of the deputies in the secretary of state's office, was with me at the time. I was very much surprised to find the bill, being under the belief that I had returned it. I recalled the fact that the bill had been lost and that search had been made for it just before the legislature adjourned. I asked him what he thought I ought to do about it, and he said that since the legislature had adjourned, nothing could be accomplished by saying anything about it. I then put the bill away, and still have it. It is evident that during the hurry and rush of work at that time I must have overlooked returning the bill to the Senate (or to the secretary). I had no interest in it—no friends interested in it—nothing to accomplish by failing to return it. When it was discovered that the bill was lost, I looked for it, Senator Johnson looked for it, and others looked for it,

but it could not be found. Finally the original was located, enrolled, signed by the speaker of the house and president of the Senate, the governor and the secretary of state, and filed in the secretary of state's office. Some while after I found the substitute bill—long after the legislature had adjourned—Mr. Hendricks came to the secretary of state's office to examine the bill. He had been employed to give an opinion as to whether or not the bill signed by the governor had been legally passed. I told him of the circumstances with reference to its loss. I disclosed to him all of the facts, and asked him whether he thought I ought to make a statement with reference to its loss. He said, as had Mr. Stanley, that the legislature having adjourned, no possible good could be accomplished by saying anything about it. I acted on his judgment and that of Mr. Stanley, and said nothing about it, but put the bill away, and still have it. I thought, as did they, that the matter would not be heard of again, and that no one would be injured or otherwise affected by its loss. It seems now that it is deemed important to know the facts, and I have not the slightest hesitancy in giving them. I would have done so long ago had there been the slightest indication that it was at all necessary to do so, or that any good could have been accomplished by doing so.

C. W. TAYLOR.

Subscribed and sworn to before me this, the..... day of January, 1913.

.....
Notary Public.

Dr. Hilton: I have a resolution to introduce in regard to this.

Whereas, George Trevathan, secretary of the Senate in the legislature of 1911, in which was passed substituted Senate Bill No. 451, which was lost before it was signed by the governor, and said Trevathan was thought by a few of the citizens of the State of Arkansas to be responsible, or negligently so, for the disappearance of said bill; and

Whereas, C. W. Taylor, under oath, has shown by Senate proceedings herewith attached and made a part of this resolution, and has assumed all responsibility for the disappearance of said bill, the said Trevathan at no time having knowledge of its whereabouts; therefore, be it

Resolved, by the Arkansas Medical Society, That in view of C. W. Taylor's admission that George Trevathan is held by this society blameless for its disappearance and never becoming a law.

Dr. Pettus: I move the adoption of this resolution.

Seconded and carried.

Dr. Hilton: There is one thing the secretary called my attention to, that he is not interested in it at all, but he thought it would be best for them to act upon it, and that is his salary and the editor's salary. The council by some means overlooked the fact of including it in the report that he presented yesterday. I make a motion as councilor that the House of Delegates ratify the action of the council in allowing them $400.00, the usual amount we have been paying them as salaries, and $50.00 for stenographer's fees.

Seconded and carried.

Dr. Eberle: Two reports are referred to the Committee on Council, which the committee is ready to report back. The first is the report read the first day, defining the work as outlined and done by the council. The committee commends the work of the council and heartily approves the recommendations contained therein. Also, the report for expenses was allowed. The committee simply recommends that the report be received and filed. I move the adoption of the report.

Seconded and carried.

Dr. Hilton: This is the third time I have tried to get a matter before the society for action, but yet never have been able to do it. That is, that there be a committee appointed to confer with Dr. Greene and see if there can't be some arrangement made for the care of the chronic inebriates and the medicine fiends of our state. Of course, there are not very many. But there is not a county, or, at least, very few counties in this state but what have one or two of those characters that are on the state as a matter of charity, and they are getting no attention, except possibly a little food and clothing. Whereas, if placed in this institution, with the care Dr. Greene can give them, I believe something good would be derived from it, and I want the chair to appoint that committee.

Secretary (after reading the recommendations in the report): I would state that under our law the only way that could be done would be to commit them as insane. That's the only way Dr. Greene will take anybody into the insane institution. I have known several cases of drug fiends that have been committed recently as insane patients.

Dr. Thibault: If there is a state law governing the admission of patients to the institution, I don't see how a recommendation to Dr. Greene could be of any purpose whatever. It would simply embarrass Dr. Greene or embarrass the superintendent, whoever it was, because the control of the insane in the Hospital for Nervous Diseases is in the hands of the state, and Dr. Greene can only receive those that are sent there as insane patients.

Dr. Hilton: I understand all that, but that recommendation states that the president appoint a committee in connection with the State Board of Health to see if some arrangement cannot be made for this. There is a Board of Trustees that elects Dr. Greene. He is under their direction. And if that Board of Trustees, just as they have gone out there and doubled the capacity or increased the capacity by spending money for rooms and things of that kind, then this committee and the Board of Health and the trustees can have Dr. Greene take this matter up without any special legislation and without any great amount of expense. That was my idea in making this recommendation, and I feel like it could be done that way without violating any law.

Dr. Thibault: I move to amend that.

President: There is no motion before the house.

Dr. Thibault: Then this discussion is out of order.

Dr. Snodgrass: There is a statute providing how people shall be admitted to the state institutions. I don't believe that the board that's appointed by the governor or the State Board of Health would have a right to pass a statute or law that would admit them. The only way for us to get at this matter would be to memorialize the legislature to amend that law so that these people could be admitted in regular form or some special form. It might be different from the admission of regular insane patients.

Dr. Thibault: I move the adoption of that paragraph with the following amendment: Instead of saying, "Resolved, That a committee be appointed to make some arrangements with the superintendent of the Hospital for Nervous Diseases," say, "Resolved, That a committee be appointed to devise some method to provide institutional treatment for inebriates and drug addictees," and leave it entirely to the discretion of that committee where they should be committed or where they should be taken care of.

Dr. Hilton: That's been the law for three years. I think the Board of Health would work out some method, if placed in their hands.

President: There is nothing before the house. What is the next order of business.

The next order was the report of Committee on Resolutions.

Dr. Pettus: We really have but one resolution or one matter that came before us that was passed on. You gave us a resolution yesterday, but we have not met since. The only resolution we have to offer is that in compliance with the letter writ-

ten by the Southwest Medical Association, which the secretary read.

We, the Committee on Resolutions, beg to submit the following resolution:

Whereas, The Medical Association of the Southwest, an organization requiring a membership of the counties and states which comprise the body, wishes to affiliate as a branch of the American Medical Association;

Whereas, We, the Committee on Resolutions, after deliberating over the question, hereby offer the following:

Be it Resolved, That the Arkansas State Medical Society endorse the Medical Association of the Southwest and acknowledge its merit and worth.

Be it further Resolved, That the American Medical Association accept the above named organization as a component and affiliated branch of the parent organization.

And we, the Arkansas Medical Society, request the American Medical Association to accept the Medical Association of the Southwest as a component and affiliated branch of the parent body.

And, be it further Resolved, That a copy of this resolution be spread on our minutes, a copy sent to the secretary-treasurer of the Medical Association of the Southwest and a copy to the general secretary of the American Medical Association.

(Signed)

C. S. PETTUS,
J. F. ROWLAND,
EARLE HUNT.

Dr. Thibault: I move that the report be received and the resolution adopted.

Seconded and carried.

The next in order was report of Committee on Medical Education.

We, your committee, recommend the following: We approve the report of the Committee on Trained Nurses. We recommend to attention of the incoming president the Committee for Public Health Education Among Women.

We approve the report of the Board of Visitors to the Arkansas University Medical Department, and recommend that the society continue its interest in the advancement of this institution. Details of our recommendations on this to be embodied in separate report.

We recommend that the society and its officers pay special attention to public sanitation and hygiene, especially to the education of the laity in the simple matters of preventing disease. The importance of preventive medicine is such that we recommend that the Committee on Legislation endeavor to obtain some provision for the medical inspection of school children in rural districts. We approve of the success of our Committee on Medical Legislation, but regret exceedingly the increased political activities which it has brought into this society.

H. THIBAULT, Chairman,
E. F. ELLIS,
A. M. HATHCOCK.

It is further requested that a committee be appointed from the University of Arkansas and University of Arkansas Medical Department to confer on a classification and curriculum whereby the students who have done two or more years of approved university work and four years medical department work may be graduated with the combined degree of B. A. or B. S., as the case may be, and also the degree of M. D.

Dr. Watson. I move that the report be received and the committee discharged.

Seconded and carried.

The next in order was report of Committee on President's Address.

Dr. Dunaway: The committee has gone over the president's address, and finds nothing to criticise, but heartily commends, both for brevity and thought.

Dr. Moulton: I move that the report of the Committee on President's Address be received and the committee discharged.

Seconded and carried.

Dr. Eberle: I move that the House of Delegates extend its thanks to the Pulaski County Medical Society for the courtesies shown them, also to the Little Rock Board of Trade, the Chamber of Commerce, the Marion Hotel and the press.

Seconded and carried.

On motion, at 11:30 o'clock a. m. the House of Delegates adjourned sine die.

GENERAL SESSION.

Second Day, Wednesday, May 21, 1913.

Called to order at 9:35 a. m. President Hebert in the chair.

Prayer by Rev. Henry N. Hyde:

Heavenly Father, we thank Thee that Thou hast called us to the service of helping humanity in the practice of medicine. We thank Thee for the progress and the advance which has been made in the knowledge of things pertaining to the amelioration of man's condition in the past years; that we can do our work with some degree of confidence in the results that Thou art pleased to give to our efforts. We thank Thee for the privilege of meeting together to compare information and by this intercourse with one another in regard to those things pertaining to human welfare, improve our work.

Now, we pray Thee that Thou wilt bless our efforts in this gathering in this time and place, and we pray Thy divine guidance in all that we are to consider and do. Be with us in our deliberations in all that we undertake at this time. We ask it in the name and for the sake of our Lord Jesus Christ. Amen.

ADDRESS OF WELCOME BY MAYOR CHAS. E. TAYLOR.

Mr. President, Members of the Arkansas Medical Society, Ladies and Gentlemen:

Representing officially the people of the city of Little Rock, I wish to extend to everyone present a hearty welcome to the capital city of the great State of Arkansas. We people in Little Rock feel proud of the great city of which we are a part, and we are delighted to see any progressive movement on the part of any of its citizens. In the name of our city we welcome you to the fullest extent, even though it be for a short time only, of any citizen of the State of Arkansas bent on a mission such as is yours.

You are busy men and busy women. It is a difficult matter, I dare say, for you to leave your practice at home and come for a few days to your state convention, and yet, so great is the devotion on the part of every member of your society, and the need of the development of the mind so apparent, that he is willing to make some sacrifice of convenience and comfort, take the time and spend the money, in order that he may meet and study with others whose problems are similar to his, and whose advice and suggestion may be as helpful to him as his may prove of benefit to them.

It was Aristotle who was asked what was the difference, comparatively speaking, between an uneducated man and an educated one. His reply was: "The difference is as great as the difference between a live man and a dead man."

You, ladies and gentlemen, are leaders of thought in your various communities. You can be very helpful to your city officials and to your town officials and to your state officials in bringing about on the part of the people a more intelligent comprehension of the laws of the state, and of the cities and towns with reference to sanitation and of those things that go to make healthy sentiment a part of your work and mine. Because if we can have intelligent co-operation, ladies and gentlemen, in carrying out the laws, no matter what laws they are; if you can be instrumental in bringing about a strong public sentiment in their support, it will not be difficult for your officers to enforce those laws. We expect you, and we look naturally to you as Arkansas men and women, to

be leaders of thought in your various communities, especially in those matters that tend to promote the public welfare.

Looking to the moral improvement and betterment of our city, we recently appointed a commission, composed of twenty-one citizens (for want of a better name it is called the Vice Commission), and assigned to them the study of a problem that is as old as municipal government. These twenty-one citizens selected on account of their high standing in the community, selected because they might in some measure approach this great problem from different viewpoints. Their work in investigating and studying this very pertinent matter has invited a good deal of comment during the past twelve months. The report of this committee was handed to me last night, and next Sunday morning the report will be made public through the daily press. If your secretary will kindly provide me with a list of the members of your society, I shall be glad to see to it that a copy of the report of that commission is promptly mailed to you. Because, ladies and gentlemen, we expect you, as in the other things mentioned, to help us in bringing about on the part of the people a better understanding of this great problem. We need your individual co-operation in carrying out the recommendations of this commission. I believe that I understand the people of Arkansas well enough to say that if the city of Little Rock is able to accomplish anything—even to make one step forward—that the other cities and towns of our state will follow our example after we have blazed the trail, as we are trying to do in our effort to bring about better conditions.

Pardon my giving you a little personal incident. A Sunday or two ago, in company with my little son, I took a walk through Mount Holly cemetery in this city. I wanted him to learn something from the inscriptions on the tombstones. I wanted to be able to tell him of some friends that I had known who had passed on, something of their lives. First I showed him the grave of a fireman who was killed in the discharge of his duty; then I showed him the grave of a little boy who was killed in a planing mill. We went on by the graves of some of Arkansas governors—Sevier, Izard and Rector of the former period, and Garland, Church, Eagle and Davis. Governors who have served Arkansas well since the war. When we read the inscriptions that were on their tombstones—inscriptions such as would naturally be carved in a Southern graveyard, especially by the friends of those who had met the great change which must come to all. They were found at the place of duty, and perhaps served their country well and deserve the place of honor and achievement which their rank merited.

Away over in the southwest corner we stopped at a little monument of sandstone which was meant to mark the grave of a young man who had gone on. I do not remember the name—perhaps some of the older ones here may remember it—but the inscription on the tombstone was one which might well swell the heart with gratitude and have been delighted in by the friends of any of those governors—any of those famous men whose monuments we had seen. Simply a few words, Mr. President, were inscribed on the grave of this young man: "He did his duty well."

What a lesson to us all, Mr. President. To you ladies and gentlemen who return to your homes, let it be said by those with whom you are associated, you are doing your duty well. No higher encomium can be paid you. I thank you. (Applause.)

The Chair: We shall now have the response to the address of welcome on the part of the Arkansas Medical Society. I take pleasure in introducing Dr. Henry Thibault of Scotts.

Dr. Thibault: Mr. President, Members of the Arkansas Medical Society, Ladies and Gentlemen: We appreciate the address of Mayor Taylor; we appreciate the fact that we have met in Little Rock. We always look forward to our meetings here with pleasure, because we believe it is the home of the Arkansas Medical Society. We meet here oftener than anywhere else, and we feel freer in our actions here than anywhere else, because we are more familiar with the situation.

There is an intimate relationship between the civic government of any town, or any civic government, and the medical profession. Mayor Taylor is an earnest man and is endeavoring along many lines to improve the situation in Little Rock. It is said that every town of over fifty inhabitants has ignorance and vice; has disease and the sanitary situation to deal with. Now, vice and diseases and ignorance go hand in hand, and the most potent weapon of the people and of the medical profession in dealing with these excesses is education.

There are a great many health measures that are known to members of this society that are not practiced by the average citizen of Little Rock. There are a great many absolutely preventive measures known to members of this society that are probably not practiced by any citizen of Little Rock, because they look Utopian or fanciful. They have not been taught to control their appetites; they have been taught to believe that a draft of cold air or wet feet will give them a bad cold, the grip or consumption. It becomes an absolute fact fixed in their minds. It is no theory with them. All the education in the world will not succeed in dislodging the fallacy. You cannot upset their preconceived ideas of health and their preconceived ideas of the best method of running a city. After a man reaches a certain stage in life his ideas become so fixed that he is not open to argument. It is necessary for a new generation to grow up and be educated, because we cannot educate everybody. As physicians, then, we ought gradually to perceive that every measure we institute cannot immediately become absolutely efficient, because we cannot educate men and women and mould them according to our ideas in a day.

Now, tradition is another thing handed down from father to son, and we find certain traditions to overcome. We have certain traditions in dealing with criminals and certain traditions in regard to health. These traditions are often beautiful, probably the most pathetic and most eloqnent things in the world. They live in the past. In them the difficulties and the pleasures of the past are blended together in the landscape and the pleasures are magnified, standing out as a glowing scene; but, in general, traditions are not only useless, but a very prolific form of impediment in the path of progress.

Mayor Taylor may encounter certain traditions and certain precedents in dealing with civic vice that will impede the progress of reform. It causes men to follow the same lines which have been followed before in dealing with these things. Very fortunately for us, the times are changing and the young men are bringing out new ideas and utilizing them in removing the obstacles which are hindering them. We have these traditions in every family—traditions in every community widely diversified. Traditions which are not only useless

in themselves, but often impede our progress and our efforts to do good.

If you will bear with me I will describe a little incident illustrating this point. About ten years ago an old negro man about sixty years old knocked on the door of my office. I found him standing out there with his jaw out of place. I undertook to reduce it. I could not get my thumbs in his mouth because of a long tooth that interfered. and when I took my thumbs off after making traction backward, the right side would be two or three inches out of line, though in place on the left. All the time he was mumbling something about clicking his jaw back without breaking the tooth. I finally succeeded in replacing his jaw without breaking the tooth, which was very loose. He said "I takes it out when I eats." I said: "Why don't you have false teeth put in?" He replied: "That's all right, boss; I would rather have that one 'tush' than a whole mouth full of china teeth." And out he went.

He had only one tooth, and it was useless; and when the rest of his economy got into trouble it was in the way. Still he could not do without it, because he was wedded to it by tradition.

We have many just such men in the medical profession. They are hard to educate. To them the use of the microscope in diagnosis is minimized or valueless, and we find that not only the public, but the medical profession, has traditions which are hard to change.

Yesterday Dr. Caldwell, president of the Pulaski County Medical Society, in his address of welcome, mentioned the various institutions here that he thought to be of interest, and suggested we visit the State Hospital for Nervous Diseases, the Blind School, the City Hospital, the County Hospital, St. Vincent's Hospital and St. Luke's Hospital. which are right up to the minute. But there is one other that he did not mention in the list that we should visit. It seems to have no title, but I would like to warn you members of the State Medical Society against this institution. You can visit any of the places mentioned by Dr. Caldwell with perfect safety. You will see progress in every line; but if I am any judge, beware of the "local hospital." Because it may be truly said of any person who goes to a "local hospital" that he will never come back!

WATER-CORE GOLF BALLS.

Even our most innocent recreations seem hedged about with unseen dangers. In a recent issue of The Journal of the American Medical Association is reported the case of a boy who lost the sight of his right eye as the result of cutting into a golf ball. This report is by no means the first one of its kind; indeed, there have been many, both here and abroad, and attention has been called to the unwisdom of dissecting any golf ball lest it prove to be one of the "water-core" variety. As a rule, the centers of these balls are formed by a rubber bag containing various heavy fluids, almost all of which are highly caustic. Analyses of the contents in a number of reported cases have disclosed hydrochloric acid, solutions of zinc chlorid, caustic soda and other dangerous cauterants. These burning liquids and their rubber container are tightly covered by machine-wound ribbons or other material, and are thereby subject to great pressure. It follows that when burst or cut open the fluid contents are expelled with explosive force, generally into the face of the dissector or some innocent onlooker. Recently the United States Golf Association took up the matter and issued this warning: "Owing to the fact that serious accidents have occurred in the past few years due to cutting open certain makes of golf balls containing acid and other sight-destroying compounds, the association warns all persons to refrain from this dangerous practice." Whether or not the resiliency or "carrying power" of golf balls is enhanced by furnishing them with some sort of fluid core may be left to the proper authorities to decide; but the public should know of the dangerous character of some golf balls and should know that it is the part of wisdom not to invite disaster by dissecting them.

LET THE GOOD WORK GO ON.

Last month three Arkansas physicians were deprived of their license to practice medicine in the state of Arkansas by the State Board of Medical Examiners. The offenders were Dr. F. A. Goodwin of Magnolia and Drs. J. M. Byrd and A. J. Whitworth of Hot Springs. In each case the charge was sustained of advertising to cure diseases recognized as incurable.

Dr. M. M. McDonald of Junction City was also before the board on a charge of unethical conduct. Sentence was suspended.

FRANK B. YOUNG, M. D.,
President Arkansas Medical Society, 1913-1914.

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Original Articles.

INTERPRETATION OF INFANTS' STOOLS.*

By O. K. Judd, M. D.,
Little Rock.

As chairman of this section, to follow the customary rules, I probably should confine my address to the advancement made along the lines of this branch of medicine.

However, while in Boston during the past summer, taking the summer course of Dr. Richard M. Smith, which at that time was given in the Floating Hospital, I became very much interested in the interpretation of the stools of children. In this hospital the feeding was carried on with such exactness and the changes in the appearance of the stools so marked that one could, in almost every instance, tell the kind of diet the infant was taking by the macroscopical appearance of the stool.

Believing that a paper of this nature would be of some interest to you, I endeavored to look up the literature on the subject. Aside from a paper by Dr. John Lovett Morse, published in the August, 1910, New Orleans Medical and Surgical Journal, there is no very satisfactory complete discussion of the subject, and from his article I have largely drawn for my paper, as it comes nearer to my ideas than any other published discussion I was able to obtain.

From what little experience I have had in the practice of pediatrics and in observing others, it seems to me that the stools in infancy are not examined as often as they should be, and without such examination treatment is always unscientific and often irrational, for the examination of stools gives information regarding digestive processes which can be obtained in no other way.

Macroscopical examination of stools affords information of great importance, but in many instances may lead to error unless confirmed by a microscopical examination.

The stools differ normally according to whether the infant is taking human milk or cow's milk, and whether starches or other carbohydrates are added to the cow's milk.

The breast-fed infant has, during the first few weeks or months of life, three or four movements daily, of the consistency of pea soup, of a peculiar golden-yellow color, with a slightly sour or aromatic odor, and with a slightly acid reaction. The number of stools diminishes later to two or three in the twenty-four hours, and the consistency becomes more salve-like, the other characteristics remaining the same. The golden-yellow color is due to bilirubin, which passes unchanged through the intestinal tract because of the rapidity of the passage, the relatively low proteid content of the milk and the low reducing power of the infant's intestine. The odor is due to a combination of lactic and fatty acids. The acid reaction is due to the relative excess of fat over proteid in the milk.

It is not uncommon, even when babies are doing well on the breast, for them to have a larger number of stools of diminished consistency and of a brownish color. In such instances examination of the breast milk usually shows that the proteids are high. It is also not unusual to find numerous soft, fine curds and sometimes mucus in the stools of healthy breast-fed babies. While such stools are undoubtedly abnormal, it is unwise to pay too much attention to them, if the baby is gaining and seems well. The breast-fed infant will often go weeks or months without a normal stool, and yet thrive perfectly, while if it had such stools when it was taking cow's milk it would not thrive and would show distinct evidences of mal-

*Chairman's address to the Section on Diseases of Children of the Thirty-seventh Annual Session of the Arkansas Medical Society, held at Little Rock, May 20-23, 1913.

nutrition. It is, therefore, unwise to wean a baby simply because the stools are abnormal, if it is doing well in other ways.

Infants that are thriving on cow's milk mixtures have fewer movements in the twenty-four hours than breast-fed babies, and these movements are of firmer consistency. Slight constipation is not uncommon after the first few months, and is not of pathological significance. The color of the stools is a lighter yellow, probably because of the relatively larger amount of proteid, and because some of the bilirubin is converted into hydrobilirubin. When the relative proportions of fat and proteids in the mixtures are approximately those of breast milk, the odor and reaction of the stools are essentially the same as when the infant is taking breast milk. When infants are given whole cow's milk or simple dilutions of cow's milk, so that the proteids are equal to or greater than the fat, the odor is slightly modified toward the fecal or cheesy because of the action of bacteria on the casein. The reaction becomes alkaline for the same reason.

When the infants are fed on skim milk, or whey, or whey mixtures, which are very low in fat and high in proteids, the stools have a slightly brownish-yellow color, a slightly cheesy or foul odor, and a strong alkaline reaction because of the longer stay of the casein in the intestine and the consequently greater opportunity for bacterial action and for the change of bilirubin to hydrobilirubin.

When starch is added to cow's milk mixtures, the color of the stools becomes more distinctly brownish and the reaction tends toward the acid. The odor is more aromatic. In this connection it must not be forgotten that most starch flours contain small brownish specks which are the remains of the husks. These specks pass through the gastro-intestinal tract unaffected and appear in the stools.

The addition of malt sugar to cow's milk mixtures changes the color of the stools to a distinct brown, tends to make the reaction acid and to increase the acidity of the odor. Malt sugar usually has a laxative influence. When malt sugar or the malted foods are given without milk, the stools are dark brown, sticky, acrid in odor and acid in reaction.

The stools of infants fed on buttermilk and buttermilk mixtures are of a peculiar shiny, salve-like appearance, grayish brown in color, alkaline in reaction, and have a very characteristic acrid odor.

When beef juice or broth are added to the infant's diet the color is changed to brown, while the odor becomes fecal and the reaction alkaline from the action of bacteria on the proteids.

The starvation stool is made up of bile in the intestinal secretions and bacteria, and resembles the meconium. It is unusually small, sometimes constipated, sometimes loose, brownish or brownish-green in color, and has, as a rule, a stale odor, like that of starch or paste. In some cases it has the odor of acetic acid as the result of the action of the microorganisms.

The reaction of the normal stool depends on the relation between the fat and proteids in the food. When there is a relative excess of fat the reaction is acid. When there is a relative excess of proteid the reaction is alkaline, the reaction depending, in the one case, on the products of the decomposition of fat, in the other on the products of the decomposition of proteids. The carbohydrates have no effect on the reaction of the normal stools. When the carbohydrates are in excess, or when there is fermentation of the carbohydrates as a result of bacterial action, the acidity of the stools is markedly increased. Stools that irritate the buttocks are invariably acid in reaction, and in most instances this excessive acidity is due to the decomposition of carbohydrates. Frothy stools are usually acid in reaction and due to the same cause; but sometimes the frothiness is caused by gases formed during the decomposition of proteids. The reaction of the stools is, however, of comparatively little importance from the clinical side. It is best tested by placing wet red or blue litmus paper on, not in, the stool.

The odor of the stools depends on the composition of the food, the rapidity of the absorption of the products of digestion and the degree of the bacterial activity. The fats give the odor of butyric or lactic acid to the stools. The carbohydrates, if thoroughly utilized, do not affect the odor; if not utilized, they give the odors of lactic, acetic or succinic acids. The proteids give cheesy odors of various sorts, sometimes those of skatol, indol, and phenol. The stools of cholera infantum are almost odorless. Stools composed almost entirely of mucus have a pe-

culiar aromatic odor, resembling that of wet hay. When there are deep ulcerative or gangrenous processes in the intestine, the stools have a putrefactive or gangrenous odor.

Abnormalities in the color of the stools are very common. The color of the stool must not be judged from the outside, as it may change very rapidly from drying and exposure to the air. The stool must be broken up or smoothed out and the inside examined.

The most common abnormal color is green. The shade of green may vary from a very delicate light grass-green to a dark spinach green. In a general way, the darker the green, the greater its significance. A very light grass-green color in a stool which is otherwise normal is of no practical importance. The change from yellow to green after the stool is passed is not abnormal. The green color is, in the vast majority of instances, due to the change of bilirubin to biliverdin. There is much doubt as to the cause of this change. It is probable that it may be due to either excessive acidity or alkalinity of the intestinal contents or to the presence of some oxidizing ferment. The green color is not characteristic of any special type of disease. In some instances it is due to the action of the bacillus pyocyaneous. If it is due to bacterial action, the addition of nitric acid gives the characteristic colors of Gmelin's test.

The next most abnormal color is gray. This is due, as a rule, to the absence of bile and the presence of some form of fat in the stool. It is never safe, however, to conclude that there is no bile in the stool without a chemical examination. The easiest and most satisfactory test is that with corrosive sublimate. When the stools are gray at birth, or become so within a few days after birth, the lesion is usually a congenital obliteration of the bile ducts. When the gray color appears later, and especially when it is associated with large amounts of mucus, the trouble is usually in the duodenum.

White stools are due to the presence of undigested fat in the form of soaps. These may be soft, looking much like curdled milk, or, more often, hard and dry, resembling the stools of a dog which has been eating bones.

The black stool, while in rare instances due to the presence of changed blood, is usually due to the action of some drug, ordinarily bismuth, sometimes iron. In this connection it is well to remember that when there is no sulphurated hydrogen in the intestine, bismuth may pass through the intestinal tract without changing color. The administration of a grain or two of sulphur in the twenty-four hours will turn the stools black.

It is very common to see a pink stain in the diapers about a stool which is otherwise normal, or nearly so. This pink stain is of no special significance and is due to some unknown change in the bile pigment.

The most common abnormal constituents of stools are curds. There are two kinds of curds, one primarily composed of casein, the other composed mostly of fat, mostly in the form of fatty acids and soaps. The small amount of fat in the casein curds and the small amount of protein in the fat curds are merely incidents. The casein curds vary in size from that of a bean to that of a pecan nut. They are usually white, sometimes yellow, in color. They are firm and tough, cannot be broken up by pressure, and sink in water. When placed in formalin they become as hard as rocks; they are insoluble in ether. The fat curds are small, varying in size from that of a pin head to that of a small pea. They vary in color from white to yellow or green, according to the general color of the movement. They are easily broken up by pressure, and, when shaken up in water, tend to remain in suspension. They are soluble in ether to a considerable extent after acidification and are unaffected by formalin.

Mucus can be detected in small amounts under the microscope in the majority of normal stools, and is almost invariably present in abnormal stools. It is never present macroscopically in normal stools, but is very common in the abnormal. It does not denote any special form of disease, merely an excessive secretion of the mucous glands of the intestine from some cause. When thoroughly mixed throughout the stool it usually comes from the small intestine; when in combination with a clay-colored stool, from the duodenum; when on the outside of a constipated stool, from the rectum. Stools composed mainly or entirely of mucus and blood indicate either severe inflammation of the colon or intussusception. Undigested starch is often mistaken for mucus. They can be distinguished by the addition of some preparation of iodine, which stains the

starch blue, but does not affect the mucus. The suspected material should be taken off the diaper in order to avoid possible confusion from the presence of starch on the diaper.

Blood on the outside of a constipated stool indicates a crack of the anus. Blood mixed with mucus indicates either severe inflammation of the large intestine or intussusception. Blood in infancy is seldom due to hemorrhoids.

Pus indicates severe inflammation of the large intestine. It is usually not present early in the disease, but appears later. When the infant survives the acute stage it persists into convalescence. Pus can be found with the microscope in nearly every case of inflammation of the colon, but is of no special significance unless visible macroscopically.

Other abnormal constituents are undigested masses of food, foreign bodies which have been swallowed, and worms.

The macroscopic examination of the stools afford data sufficiently reliable for clinical work in the great majority of instances. It may, however, lead to erroneous conclusions, especially with regard to the amount of fat and undigested starch. Fatty and starchy stools sometimes appear perfectly abnormal macroscopically, and microscopical examination alone will prevent mistakes. It is advisable, therefore, in all but the plainest cases, to examine the stools microscopically, as well as macroscopically. The microscopical examination of the stools is not a difficult procedure and can be carried out in ten minutes or less by anyone accustomed to it. Controls of the microscopic examination by chemical examination of the stools have shown that it gives results sufficiently reliable for clinical purposes. A certain amount of experience is necessary, however, in order to recognize the normal variations in the microscopic picture. The stools normally show a certain amount of fat in some form or other, but never show unchanged starch. The chief difficulty in the microscopic examination is to learn to recognize the normal variations in the amount of fat.

The feces, if hard, are first rubbed up with a little water. Otherwise they are thoroughly mixed and three small portions placed on a slide. The first is crushed out very thin under the cover glass, and examined in the fresh condition. In this portion, any undigested tissues or pathological elements, such as blood, pus and eggs of parasites, can be differentiated. A preliminary estimation of the amount of neutral fat, fatty acids, soaps and starches can also be made.

The second portion is stained with Lugol's solution (iodine 2, potassium iodide 4, distilled water 100) and examined for starch. The starch granules stain blue or violet. Certain microbes also stain blue. These, the so-called iodophilic bacteria, are associated with faulty carbohydrate digestion, and, when found alone without other symptoms, are suggestive of an early disturbance in the digestion of the carbohydrates. Before concluding that undigested starch is present, all possibility of contamination with baby powders must be eliminated.

The third portion is stained with a saturated alcoholic solution of Sudan III. The neutral fat drops and fatty acids crystals stain red. Soap crystals do not stain with Sudan III. After this specimen is examined and the microscopic picture is clear, a drop of glacial acetic acid is allowed to run under the cover glass, is thoroughly mixed in, and then heated until it begins to boil. This process turns the soap into neutral fat and fatty acids, which will appear as large stained drops, and, upon cooling, crystalize. They usually retain the red stain. Any increase in the amount of fat, after the addition of acetic acid, indicates the presence of a corresponding amount of soaps. An excess of neutral fat indicates the digestion of fat is not carried on normally; an excess of fatty acids and soaps that the digestion is normal, but assimilation is abnormal. At present no conclusions of clinical importance can be drawn from the microscopic examination of the stools for bacteria, the only exception being, possibly the presence of large numbers of iodophilic bacteria, which point to disturbance of the digestion of the carbohydrates.

It may be well, perhaps, to sum up the characteristics of the stools in some of the more marked types of indigestion. The stools of the various inflammatory conditions are familiar to everyone, and hardly need further description.

Undigested fat may show itself in the stools in the form of small, soft curds, by giving a greasy, shiny appearance to the

stool, or by giving a gray or white color. The small curds are, of course, easily recognized. The presence of undigested fat may be shown roughly by rubbing some of the stool on a piece of smooth, soft paper, or better still, by transferring to a piece of brown wrapping paper immediately on passage. If there is an excess of fat, the paper will have, when dry, the appearance of oiled paper. When there is an excess of neutral fat, the stools are often of a creamy consistency. If the fat is largely in the form of soaps, the stools are usually clay-like, or very dry and crumbly. The reaction is highly acid; the odor rancid, like that of a butyric acid. Microscopically, these stools show a large excess of fat in various forms.

The character of the stools of carbohydrate indigestion depends on whether the disturbance is in the digestion of starch alone, without bacterial action, or in the digestion of either, or both starch and sugar with bacterial fermentation. When the disturbance is solely in the digestion of starch and bacterial fermentation is not marked, the stools are brown or golden yellow in color, and salve-like in consistency. They may, as already stated, appear macroscopically normal. In rare instances they are very dry and brittle. The reaction is acid and the odor is acid. The iodine test will macroscopically often show the presence of undigested starch. Microscopically, these stools show undigested starch by the iodine test, and an excess of iodophilic bacteria.

When bacterial fermentation is added to the disturbance of digestion of either starch or sugar, the stools are loose, green and frothy. The reaction is acid from the presence of lactic, acetic or succinic acid. The odor is acid, the character of the odor depending on the form of acid present. These stools often cause excoriation of the buttocks and genitals.

The presence of large, tough curds in the stool is, of course, evidence of proteid, or rather, casein indigestion. In general, however, the stools of proteid indigestion are loose, brownish in color, alkaline in reaction and with a foul odor, the odor in some instances being fecal, in others cheesy, in others a combination of the two. The stools of proteid indigestion are more likely to show an excess of mucus both macroscopically and microscopically than are those of either pure fat or carbohydrate indigestion.

CHAIRMAN'S ADDRESS BEFORE THE SECTION ON OBSTETRICS AND GYNECOLOGY.*

By J. S. Rinehart, M. D.,
Camden.

Members of the Section on Obstetrics and Gynecology:

The honor you have done me in selecting me your chairman is very much appreciated, and if I can say anything that will increase interest in these branches, I shall be glad of the opportunity.

No other division of our profession has a more interesting history, nor has added so much to the welfare of mankind. What is required by the public of the general practitioner in obstetrical work, make it one of the most difficult branches of medical science. Sometimes the work calls for technical skill and coolness of head seldom exceeded in any other department of medicine. This is not appreciated by the laity, because it has often been declared that labor is a natural act and does not require the interference of art for either its promotion or its accomplishment. This view of the subject has had many followers and has retarded more, perhaps, than any other circumstance the progress of this most important branch of medical science. It so entirely coincides with the fastidious admirers of nature, so effectually apologized for ignorance and so plausibly extenuated the evils arising from neglect or want of the proper and judicious application of skill, as to secure in its favor by far the greater portion of the practitioners of midwifery.

It would seem that the morbidity and mortality of child bearing has not been reduced in private practice in the proportion to the light of knowledge showered upon us during the last fifty years. At the present time death claims one woman out of every two hundred that is pregnant for the first time. We are told that this is not the

*Chairman's address to the Section on Obstetrics and Gynecology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held at Little Rock, May 20-23, 1913.

case with domestic animals, that the mortality is not nearly so great, though unattended by midwives or skilled obstetricians. No doubt there are good reasons for this when we note the natural environments of the domestic animal, and the many artificial factors surrounding the average expectant mother. It seems that with our present knowledge that the rate of morbidity and mortality should be lower. How can this be accomplished? Perhaps some legal restraint as to the qualification of our midwives might help to reduce the rate.

It is desirable that a higher standard of obstetrical practice be maintained among our country practitioners. Generally this is slighted by the family doctor. Remember that the opportunities in country practice in the past have been the means of making immortal names in the history of medicine. Who among us will solve the problem of eclampsia? Who will eliminate the major portion of operative gynecology?

It is time that we realize our responsibilities as physicians in regard to prevention of venereal diseases and education in sex hygiene. And we should in a body place our stamp of disapproval upon the double code of morals. The essence of preventive medicine is education, and physicians by virtue of their training, experience and ideals of right ought to be leaders and teachers.

CHAIRMAN'S ADDRESS BEFORE THE SECTION ON DERMATOLOGY AND SYPHILOLOGY.*

By L. R. Ellis, M. D.,
Hot Springs.

I will have to crave your indulgence for departing from the established custom of dealing in the chairman's address with a review of the progress made in these branches of medicine during the past year.

To give a comprehensive and at the same time an intelligent survey of that progress would require more time than that allotted to the address of the chairman. I shall therefore confine myself to directing your attention to a few of the more salient details of that progress.

*Chairman's address to the Section on Dermatology and Syphilology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held at Little Rock, May 20-23, 1913.

In the realm of dermatology no remedy has of late been advocated which admits of as wide a range of application in the treatment of the various lesions of the skin, and the employment of which has been attended with as satisfactory results, and which is as easy of administration as carbon dioxide.

Refrigeration as a treatment for the diseases of the skin is, however, not a new method. In 1899 Cambell White of Great Britain called the attention of the medical profession to liquid air as a means of freezing the skin in lupus vulgaris and other kindred pathologic skin lesions. In 1905 Juliusberg of Breslau used and recommended carbon dioxide as a substitute for liquid air. He used it first in the form of a spray; and later in the same year Pusey of Chicago used it in the solid form, a practice which has continued to the present time with increasing success.

Time will not permit me to discuss the superiority of carbon dioxide over liquid air, or to enter extensively into a discussion of the properties of carbon dioxide.

Carbon dioxide is a gas which liquifies under pressure. It is pumped under pressure into iron cylinders and used commercially to charge soda water fountains, and can at the present time be obtained without difficulty in any locality. It is only about one-half or less as cold as liquid air—90 C. or 75 F.—but for all practical purposes is cold enough to freeze the tissues instantaneously. It is under pressure of about 950 pounds to the square inch in the cylinder, and when after opening the valve at the end the liquid is allowed to escape, it becomes solid instantly, due to the sudden expansion of the liquid carbon dioxide. Carbon dioxide has the greatest coefficient of expansion of any known substance. This sudden expansion with the extremely rapid evaporation and the great absorption of heat from the remaining carbonic acid produces a solid mass of snow, which, when collected in a suitable container or receptacle, can be moulded into any size or shape desired, and is ready for instant use. Methods for collecting, moulding and using the snow cannot be discussed here. The snow produces its therapeutic effect upon the tissues in a two-fold manner and this depends upon the following factors: First, the amount of pressure used in the application; second, the period of time

the snow is permitted to remain in contact with the skin.

The depth of freezing depends entirely upon the amount of pressure that is exerted on the pencil of snow. Thus, in a superficial growth like a patch of senile keratosis or a small patch of psoriasis but slight pressure is needed. On the other hand, an ulcerated infiltrated epithelioma would require considerable pressure to freeze its mass. The aim in a superficial lesion is to cure with a minimum amount of scarring, consequently but little pressure should be used. But in lesions that are deep-seated, hard pressure with destruction of tissue and subsequent scar formation is essential.

While pressure is of great importance, yet the duration of the application of the pressure is of far greater importance. Moderate pressure may be made for ten seconds and the result would not be as destructive a freezing as could be obtained with hard pressure in five seconds. Consequently, in making pressure the nature of the part, the density and character of the underlying tissues have to be considered.

The scars produced are always flexible, soft and thin, and exhibit no tendency to become hypertrophic or keloid in character. This is not the result of a caustic effect which progressively destroys all the cells with which it comes in contact, but rather is a destructive action caused by a violent inflammatory process which falls short of causing necrosis of the connective tissue, but results in an interstitial sclerosis with the destruction of more highly organized and complex structures and of diseased tissues of lower resistance.

It is this interstitial scar tissue formation which enables the method to destroy lesions in the substance of the skin with a minimum amount of apparent scarring. The reaction varies with the part frozen and is more marked in tissues where the blood supply is meager. Extreme caution should be taken in freezing about the ears and extremities. Also the age of the patient and the condition of the skin have to be considered. Young children, blonds and thin-skinned individuals react more readily than older people. Skins that have been exposed to the X-rays and radium react more readily and vigorously than skins of the same texture not so exposed.

The application of carbon dioxide snow is attended by more or less pain. Carbon dioxide possesses no bactericidal properties whatsoever, consequently any effect it has on diseases due to specific organisms is entirely the result of the inflammatory reaction.

The therapeutic indications for the use of carbon dioxide snow are: Non-malignant growths, congenital deformities, chronic localized thickenings, small beginning epitheliomatas of the skin. It has no influence over like pathologic conditions of the mucus membrane.

Hypertrophic scars and true keloids, keratoses due to X-rays, senile keratoses, lupus erythematosus, lupus vulgaris, and all lesions about the face where a good cosmetic scar is imperative, tattoo marks, powder stains and abnormal deposits of pigment can be removed by this method. The most brilliant results have been accomplished in the large congenital nevi and in lupus erythematosus. In epitheliomata the results have been uniformly good. Warts and pigmented moles are readily removed by the carbon dioxide.

However, carbon dioxide refrigeration should not be considered as a cure-all in dermatology, and used to the exclusion of other methods of treatment in cases of epidermoid, carcinomata, lupus, warts, nevi, etc.

Almost three years have passed since Salvarsan, or "606," has been introduced and employed in the treatment of syphilitic affections by the profession at large. It should be no more than proper for us to formulate some opinion as to its benefits and dangers, although it is not possible to make any dogmatic statement concerning the future status of the remedy, especially whether in years to come it will be as extensively employed or lose some of its present popularity.

That Salvarsan possesses great power against infection with treponema pallidum cannot be denied, neither that it is capable of causing the rapid disappearance of syphilitic manifestations. It is also true that some of the lesions of syphilis are more amenable to its influence than are others, also that in all cases the result is rapidly obtained. There can be no doubt that it is more swift and efficient in its action than its rival, mercury.

That it has also produced a great many untoward effects and is responsible for a

certain number of deaths can also not be denied. There are some physicians who will not acknowledge the great efficacy of the drug, but they are, however, in the minority. The principal point of dispute is the risk attendant upon the use of the drug. This risk was said at first to be very small. This statement was not false at the time, for when first introduced Salvarsan was administered only by a few careful, scientific investigators, and used by them only in properly selected cases, and administered in conservative doses.

In our estimation, the principal responsibility for the large number of accidents should be placed to its unrestricted use by a large number of incompetent physicians trying to cure patients with as few numbers of injections as possible.

Salvarsan was and is too dangerous a remedy to have been placed in the hands of all practitioners without previous instructions and teachings as to its use and its dangers.

Reports from all scientific institutions where it was administered in cases properly diagnosed, in cases compatible with the physical condition of the patient, that is where attention was paid to the condition of the eliminative organs of the patient, where conservatism prevailed in determining the dose, and caution was used in the preparation of the material for injection, the results were uniformly good, and no untoward effects were observed.

Inquiring into some of the accidents, we find that most of the bad results were due to the following factors:

First: That the remedy was frequently administered to patients in a moribund condition.

Second: In some cases the full dose, 0.6 grammes, was repeated after too short an interval.

Third: In a great many cases the dose administered was too large.

Fourth: The solution was not properly prepared and not filtered clear before its intravenus use.

Statistics as to the proportion of fatal cases are not available at the present.

While the therapeutic field of syphilis is strewn with a mass of remedies, all possessing some virtue, while the technic of the Wassermann reaction is becoming more perfected each year, and the pathology of this protein disease better understood, it is encouraging for us to note that the economic problems connected with syphilis are receiving greater attention by the laity. Whilst hygiene and prophylaxis are aiding in diminishing the number of infections, the *stage* of late has been enlisted in presenting the problem of syphilis to the general public. Brieux's terrible play, "Le Avaries," or to be known in this country as "Damaged Goods," was presented in New York in March to a selected audience. A private performance was given in London and it was produced publicly in France. The aim in view is to awaken public interest in the eugenics movement and bring about definite action in regard to legislation.

Let us hope that the production of this play will be the nucleus of a great, strong movement throughout this country before which corruption and abuse, ignorance and blindness of virtue will be swept away. There never has been written in any language a play so calculated to bring up thoughtless humanity all standing, as this masterpiece of Brieux.

To my mind, it should be subsidized by the American government and endorsed by the medical profession. It should not merely be performed once before an audience of distinguished physicians and scientists, it should be presented to the great public, to young people who are standing upon the threshold of life, to those splendid, confident creatures so full of possibilities, who are in their first year at a university, and to those who have nothing in their lives of example, of idealism, or of eternal faith, and who are condemned to a daily round of sordid cares in the underworld of cities of this great country.

It is a great indictment, a great moral lesson, a tremendous warning to civilization, a sign-post standing high above the heads of never-ceasing people, bearing in flaming letters upon its long arm the hideous words, "Damaged Goods."

Gentlemen, thanking you kindly for your attention, I now take pleasure in introducing to you the authors of the papers prepared for this section. The gentlemen have all labored hard to instruct you, and I bespeak for them your kind attention.

A PLEA FOR A BETTER AND MORE THOROUGH DIAGNOSIS BY THE GENERAL PRACTITIONER.*

By C. H. Trotter, M. D.,
Helena.

A careful and methodical examination of the patient is the first great need I shall consider, for I believe it the most important of the many great needs of the general practitioner.

Diagnosis is the golden key that unlocks the combination of pathological mysteries. It is the searchlight that locates the enemy, the vidette that warns of his approach. Ready and accurate diagnostic capacity is the product of a life's labor, the ripe fruit of a well-directed experience. By diagnosis is not meant simply the ability to correctly classify a malady according to the nomenclature of medical literature. It means a clear and well-defined conception of pathological conditions, as well as an insight into all the minute and immediate pathogenic forces leading up to the morbid phenomena with which we are confronted.

I believe I am safe in saying that very few general practitioners observe a definite method in making their examinations. I do not outline any definite method to be followed; it is not necessary for you to follow my method, but it is necessary for your own success and your patients' welfare that you choose some definite period, and rigidly adhere to it. In selecting a method, be sure it is sufficiently comprehensive, for an incomplete examination is inexcusable. How often do we find that very capable practitioners have made ridiculous mistakes in diagnosis; not because they were lacking in diagnostic ability, but because they had jumped at conclusions, often making a careless and incomplete examination.

Most of the mistakes of the general practitioner are absolutely inexcusable, because they occur in the easily recognizable cases and are due to haphazard methods of examination.

At times we will make mistakes in diagnosis after having made a careful and methodical examination, but this will not often occur. We all know that patients' statements are very unreliable in ascertaining the cause and nature of their disease; some make misleading statements with no intention of deceiving, while some lie deliberately, and by making a careful and methodical examination we will frequently find the cause of the disease, also some pathological condition of which the patient was not aware, or was trying to conceal.

Unless we make a careful and methodical examination, regardless of symptomatology, we will often fail to recognize those diseases which have no characteristic symptoms.

In some diseases it is not of vital importance whether we recognize the true nature of the disease today, or several days later, but in some diseases a day or two actually decides the question of life or death. In acute abdominal lesions especially do I urge that the greatest care should be used to enable us, if possible, to arrive at a positive diagnosis at once, for the majority of these cases require operative interference, and it is not much to our credit to make a great fuss, and send for a surgeon, when the patient becomes moribund.

Disease in every form, phase and degree, obeys the universal and inflexible law of cause and effect. There is no effect without its legitimate cause, no cause without its logical effect. It is not infrequently the case, in the daily campaigns of the regular practitioner, that the demonstrations presented in his office, or at the bedside, are only the effects of obscure pathological processes; they may be mere signal flags, while the real cause, the morbific agent, is concealed and securely entrenched in a distant part of the field. It may then become the part of the therapeutic generalship to avoid a front attack where the colors of the enemy are flying, and move by the flank to uncover and assault the headquarters of the foe. He must send out his reasoning faculties to reconnoiter along the lines of heredity, antecedents, temperament and habits, physical, mental, moral and domestic. He must endeavor to intercept the dispatches that are constantly flying between organic lesions in the rear and functional disturbances in the front; between depraved functional action in the rear and tissue lesions in the front. A quick conception and clear comprehension of these various and multiform relationships are often as vital to the welfare of his pa-

*Chairman's address to the Section on Medicine of the Thirty-seventh Annual Session of the Arkansas Medical Society, held at Little Rock, May 20-23, 1913.

tient as to the fame and fortune of the physician.

This brings us to another great need of the general practitioner, that of decision. As Napoleon lost his greatest battle because of indecision, so will we lose many lives if we have not the power of deciding promptly what is the best for the patient; we read so much of conservatism, a great many times it is procrastination instead. A doctor can assert that he is conservative only after he has reached his conclusions, by the most thorough investigation and logical reasoning. Often we wait, not because we have any well-grounded reason for so doing, but because we think tomorrow will be soon enough to decide. We are never justified in trusting our patient's life, or our reputations, to luck as is so often done.

Unless we have made a thorough examination, we have not the frame work with which we can build up a scientific diagnosis; we cannot arrive at a diagnosis by exclusion, but to a certain extent are forced to jump at conclusions, and even if we have made a correct diagnosis, yet we cannot give an intelligent prognosis, for one organ is often dependent on some other organ. For example, would you risk giving a prognosis to a patient suffering with chronic nephritis, depending alone upon examination of the urine, without knowing the condition of the heart and arteries? A correct prognosis raises the physician in the estimation of the patient. A wrong prognosis often makes him appear ridiculous, or causes very bitter feelings to arise; imagine the feeling of a patient's parents or friends, when we had assured them that there was no cause for alarm, then to have the patient die suddenly. No explanations then are satisfactory. They think we did not know what we were talking about—and the truth is we didn't—and all because of hasty conclusions based upon a superficial examination.

Another great need is for the general practitioner to use far greater care and skill in urinalysis. I believe many times false conclusions are reached, especially in testing for albumen in cloudy urine, because if present in a small amount and the common test such as heat and nitric acid are used, the albumen will not be recognized. Such urine should always be filtered and the tri-chloracetic acid test used, for it is an exceedingly delicate test and easily used. This brings us to the use of the microscope, which should be used more by the general practitioner. If urinalysis it is a necessity; the mere presence of albumen in urine is of little diagnostic value; the microscope is necessary to determine its origin. Time will not permit me to dwell upon the value of a thorough chemical and microscopical examination of the urine. A great many general practitioners make their tests in a very careless way and are frequently making mistakes in diagnosis and prognosis, because of their carelessness. Every practitioner should be able to examine sputum microscopically for tubercle bacilli, and membranous exudate from the throat for diphtheria bacilli. At times we are called upon to decide whether a urethral or vaginal discharge is specific or nonspecific. The microscope enables us to make a positive diagnosis, otherwise it would be guess work. This microscopical work is quickly and easily done and is far more satisfactory in the majority of cases than sending away specimens.

If it is so essential to the success of the doctor and the welfare of the patient that we make a careful, complete and methodical examination, then why is it not done by all? I once heard a distinguished Chicago surgeon say that the reason why so many mistakes were made in diagnosis was because the doctors were too lazy to make complete, painstaking examinations; another reason is that some doctors are not thoroughly in love with their work. It has been said that the most essential thing for success in any line of work is to fall in love with your work, and to no line of workers does this apply to emphatically as to the doctor, for if he does not possess this great love for his work, he will not have the patients or inclination to thoroughly examine his patients.

He who does not form the habit of doing as well as he can on every occasion will soon form the habit of not doing well on any occasion.

One of the greatest needs for the general practitioner is the habit of giving deep, concentrated study to each case. The late Christian Finger, when asked what rule he adopted regarding early operations for appendicitis, said, "I first make a thorough examination and then I think, think, think, and then think some more," and from what has been said of him I am satisfied he observed

this rule in all his work, which accounts mainly for his having been so eminently successful.

I know that there are comparatively few general practitioners who give each case the thorough individual study they should, and as this is largely a habit, we should force ourselves to do this until we acquire the habit. I believe we get out of the practice of medicine and surgery just what we put into it; if we think little of our patients, they will think little of us, probably so little that in their next illness they will call some other doctor.

Many are the pitfalls in the path of the general practitioner, but he who cultivates assidiously the habit of making careful, complete and methodical examinations, followed by concentrated and unprejudiced reasoning, will escape many of the unpleasant experiences which are constantly befalling those who pursue haphazard methods.

Our material interest may often be greatly enhanced by successful management of cases that bring no direct remuneration. We should neglect no patient that falls under our observation, no matter how insignificant, as below its surface may be concealed a mine of valuable truth and profitable experience.

To practice medicine successfully requires the exercise and discipline of the same faculties so essential to success in the legal profession.

The lines of investigation are very nearly parallel in the two professions. Nearly all great lawyers would have made eminent physicians. The physician must examine his patient with the same accuracy and minuteness which the lawyer brings to bear in extracting the truth from his witness. They must both connect fact with fact in weaving the chain of evidence, and reasoning from cause to effect, till they reach either a positive demonstration or logical conclusion. From cause to effect and from effect to cause is the process of reasoning through which the hidden paths of pathology are traversed, morbid phenomena clearly comprehended and rationally interpreted.

One grave mistake which most of us make is devoting so much time endeavoring to ascertain the opinion of others; of the men who write the books, for instance, instead of striving constantly to mature, establish and fortify opinions of our own, based upon the facts of actual experience and intelligent observation.

Men who have the burden of daily labor and the lonely, weary nights of toil and vigilance at the bedside among all grades and conditions of society, are the men of soundest judgment and safest experience in the application of therapeutic principles.

It affords me great pleasure to introduce the several gentlemen contributing to the program of this section. They are well known to you and I know that the merits of their productions will appeal to you.

SOME PHASES OF VACCINE THERAPY.*

By E. H. Eastman, M. D.,
Hot Springs.

The advent of bacterial vaccine into the armamentarium of the physician has introduced a potent factor in the elimination of many ailments which have heretofore been regarded as obstinate, if not incurable. Vaccines are also the cause of the existence of a new condition of affairs between the physician and patient. The physician knows that by the use of this therapy he has within his grasp a powerful weapon, and the layman, being unable to understand it, will usually not believe him.

With the old regime of quinin and calomel and sodium salicylate, or aspirin, it was not a difficult matter for the layman to read his prescription and understand that he was getting the standard remedy for his ailment. For many years he has been educating himself in the use of certain drugs. The average person today knows how to use any of the above named remedies, and rather than call upon his physician for a prescription, will attempt to save money by purchasing it direct from his druggist. Then, should it become necessary to seek medical advice, he has the satisfaction of thinking that he knows just what he ought to have. But giving the patient what he thinks he ought to have and what he really should have are two quite different propositions. And making him understand what vaccine

*Read before the Section on Dermatology and Syphilology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

therapy is would require a considerable medical knowledge. It is not the province of the physician to teach medicine to his patients. In the old days the doctor was looked upon as a person of mystery. His dictum was accepted as the ultimate, the last word. Nowadays few patients will accept any new ideas or opinions from the doctor unless the same have been previously popularized by a magazine article, a newspaper write-up or a medical advertisement.

All of this newspaper notoriety about Friedman and his alleged cure for tuberculosis is not giving the laity a good opinion of the medical profession. The laity seem to think that the press is not only exposing Friedman, but the profession in general. We are secretly making soup out of mud turtles and other horrible creatures and injecting it into the veins of our patients. And we call it vaccine, or serum. These terms are supposed to soothe the lay mind, but they only stimulate curiosity and suspicion. Fancy attempting to explain to a patient the side chain theory of Ehrlich. When we speak of vaccines we must also explain that it is necessary to administer them with a hypodermic. Fear is at once entertained of being hurt, of suffering physical pain, plus the danger of receiving some animal poison into the system which will work no telling what harm. Of course, all of this appears silly to the physician, but it is an objection that is frequently met and has to be overcome before the patient can be placed under treatment. Many of you who are practicing among your own people will not have so much of this to contend with as we at Hot Springs who have visitors and strangers for patients.

The administration of bacterial vaccines does not mean simply to fill the hypodermic with the contents of a prepared ampule and inject. Inability to obtain satisfactory results is due more to not understanding how, rather than to any fault of the vaccine. In using vaccine therapy we must remember that we are dealing primarily with the physiology of the blood and that the physical condition of the blood of every patient is not the same. Furthermore, we have that peculiar phase of humanity known as idiosyncrasy, and must discover in every patient just how great a part this is going to play. In using bacterial vaccines in the treatment of disease, we strive first to raise the opsonic index and second to generate within the blood plasma certain antitoxins. To do this we should aim to have a potent blood medium. We are attacking an army of bacteria which live within the blood stream of the patient. The effect they produce upon him physiologically or pathologically determines the name of the disease. But we are going to use that blood stream as a battle ground, and it stands to reason that this medium should be of high standard. Therefore, we should not expect to obtain immediate or signal results in the blood of an anemic patient the same as we would in a patient with blood of high value. Necessarily, then, when using vaccines we should support our treatment with some of the approved iron tonics. We should keep the patient well nourished, stimulate the circulation and see that the emunctories are in working order, all of which goes a great way toward obtaining success.

I have referred above to the fact that bacterins generate antitoxins within the blood. It is the presence of these antitoxins which produces the peculiar malaise or chill following an injection of bacterin and generally referred to as the negative phase or reaction. The severity of the reaction produced is no criterion of the results to be anticipated. I had rather promise that there would be bad results from a very severe reaction. Is there any reason why we should suddenly manufacture within the blood stream antitoxins sufficiently severe to produce such dire phenomenon. We have just so much material in the blood stream to use, and if we burn it up without first injection of vaccine, generate an enormous amount of antitoxins and lower the resistance of the patient, how can we expect to heal disease? During the past several months I have used a considerable amount of bacterin in the treatment of various rheumatisms, and in every case I have been amply rewarded by commencing with a small initial dose. In using the Sherman vaccine No. 41 as a routine for rheumatism in my clinic at the government free bath-house at Hot Springs, I have invariably commenced with an initial dose of .20 to .30 cc. This is followed by little, if any, reaction. A few hours later the patient may suffer a slight exacerbation of rheumatic pains, but in nearly fifty cases

I have not recorded a chill, and I hope I never shall. There should be no set time for repetition of the dose. Twenty-four hours may be sufficient, seventy-two may be necessary, possibly ninety-eight. The best time is the right time; the right time is that period when the patient seems to suffer less pain, is brighter and believes that he feels better. Then repeat the treatment and increase the dose by ten centigrams, and wait. When he again appears to have reached a period of greatest calm, administer the next dose, and so on increasing very gently until you are certain that you have reached the point of toleration, when full cubic centimeter doses can be safely administered. I have one patient who takes nearly two cubic centimeters without any apparent distress.

In administering vaccines, I use a record tuberculin syringe with a platinum needle of twenty-six gauge, one inch in length. The point of administration does not particularly matter. The first few small doses can be very conveniently given in the arm, and, when the larger ones are required, the abdomen or buttock or scapular region are convenient. I administer most vaccines subdermally, and in giving the initial dose I always remember that I want my patient to return for more, and the low initial dose will assure this point.

There is always more or less fear in the minds of some patients when they think of having to take a hypodermic, but if they can be assured that they are not going to receive some damaging animal poison, and can be shown just once that it is not painful, they will return. And when results begin to come, as they certainly will, the most difficult part of the entire routine will be the effort to convince them that it is not necessary to hurry the treatment.

I believe that we are only on the threshold of knowledge in so far as the use of bacterins is concerned. I believe that the time is coming when the physician will have in his case various strains of bacterins, and that he will so well understand the symptoms produced from various infections that he will, after having made a careful analysis of his patient's blood and urine and a study of his symptoms, select for that patient a special prescription of bacterins and administer it the same as he would a careful prescription of medicine in any particular case.

In studying the nomenclature of this therapy, it occurs to me that the name vaccine is one of our first stumbling blocks. To the lay mind vaccine means vaccination as in smallpox. It means scraping the arm and a subsequent sore with pain and distress. Then when we explain that the flesh is not scraped, that there will be no sore, that it is introduced with a tiny hypodermic needle without pain, we have not mitigated the terror. To the lay mind this term vaccine means a poison, from its association with smallpox. The term comes from the Latin vaccus, the cow through which Jenner first made his experiments in immunization, and is meaningless as applied to our subject.

The term bacterin is incomprehensible to the lay mind. It does not convey any suggestion of remedial agency or the healing art, and nomenclature goes a great way in the mind of the public toward the acceptance of any new therapy. I have found an antipathy to exist among the laity in respect to the use of vaccines, which in many instances has been nothing short of hysteria. Very recently I have adopted the term *reactin* in the place of vaccine and bacterin. It meets with more than fair approval. With this term it is easier to explain that the treatment reacts against the special bacteria that is producing the ailment, and the term seems to be more readily understood and accepted by the layman than anything I have found. I believe that if this term, *reactin,* were used more by the profession, the acceptance of it by the laity would tend to greatly popularize the use of biological products.

DISCUSSION.

Dr. H. Thibault (Scott)—Dr. Eastman speaks of rheumatism and of a vaccine for it as if the disease was one caused by a specific germ, so well known to everyone that it requires no special notice. He speaks of giving so much "vaccine" as if he were speaking of the use of some well-known official drug, the composition and physiological action of which we were all perfectly familiar. I would like to ask him what bacterium is the specific cause of rheumatism. Is his vaccine made from these bacteria? How is it made, and how many bacteria does his dose of 1 cc. contain? If he has discovered the specific organism that is responsible for rheumatism, and has prepared a specific vaccine that is of any value in the treatment of the disease, it is his duty to this society and to humanity to give the specific details of its composition and mode of preparation. If he is simply using some of the stock vaccines of the shotgun variety, I think the whole purpose of his paper was stated when he said that the use of vaccines, instead of the older standard remedies, induced the patient to return to the physician instead of simply going to the druggist and having his prescription refilled.

Dr. Dorr (Batesville)—I just want to say a word. I do not know if I understand the doctor right as to just how he knows what his vaccine cures, anyway. He says the best thing is to get your patient's glands acting well, his secretions acting well, and give him a little of this and that. Maybe that's what cured his patient. He said the vaccine. I would like for him to tell how he can tell whether that or the other cured him. If I was giving a specific vaccine, I certainly would not give all credit to it if I gave other remedies. I would like to know how he knows whether his vaccine does any good when he uses all the other remedies we have been using. That's like saying the same thing for consumption. Yet, after you give them good food, sleep them in the open air and all the other things we have been using, you say your remedy did it. If the vaccine does it, how does he know it?

Dr. Meek (Camden)—It seems to me that the paper deals in generalities rather too much. It speaks of using this vaccine in rheumatism. Dr. Murphy is authority for saying that there is no such disease as rheumatism. Any specific inflammation could be called rheumatism. In other words, it is an infection from various organisms; sometimes one, sometimes another. It seems to me that there ought to be some discrimination as to the form of rheumatism before we are told what class of vaccine to use. I would like to ask the doctor if, by vaccine bacterins, he refers to phylacogen prepared by Parke, Davis & Co.?

Dr. Ogden (Little Rock)—I wish to take exception to Dr. Eastman's explanation of the reaction. Speaking strictly from a technical standpoint, if I did not misunderstand him, he said that the reaction was due to the generation within the blood stream of a large amount of antitoxins. I don't think that he can substantiate that with the general theory of immunity. In fact, bacterins are used in those diseases caused by an organism which does not produce antitoxins. The effect obtained is supposed to depend on the formation of opsonins or of bacteriolysins within the blood stream. I imagine, too, that the administration of iron or any tonic or any general hygienic measure would naturally be favorable to the cure and would hasten it or make it possible. But the blood stream in most of these infections does not carry the organisms themselves; some of them it does. The antitoxic products of the organism are not carried in the iron part of the blood, the red blood corpuscles, but in the serum itself. While I think his treatment is eminently proper, I merely wish to take exceptions to his explanation of the results obtained. Like the gentleman who preceded me, I am very much interested to know the answers to the questions which they proposed, especially as to the nature of the organism used, whether it is identified with the acute rheumatic fever, or whether he is speaking of rheumatoid arthritis or gonorrheal arthritis.

Dr. Eastman (Essayist)—It was not my intention to refer particularly to the treatment of rheumatism in this paper, neither had I attempted to name the official cause of rheumatism. As one gentleman has kindly stated, my paper was devoted to generalities. In mentioning this term "specific organisms," I was speaking generally. There are numerous conditions which are caused by infections, which infections we are able to determine quite accurately. But in the case of rheumatism, of course it must be admitted that we are not sure what the exact infecting organism is. In treating rheumatism, we therefore used the polyvalent strains of various bacteria, and the vaccine I have been using in this respect has been very successful. So far as using some of the medical measures, some of the old remedies that we have always used in a case of rheumatism, I have never used any of them in any of these cases I am reporting in this paper. I started out about six months ago to try out a certain vaccine, and I had opportunity to treat a large number of patients coming to Hot Springs with rheumatism. I had cases that were taking the baths, cases that were not taking the baths, and cases that had taken numerous baths. I was fortunate to get these patients to consent not to bathe; neither did they take any internal treatment. So that I was absolutely sure in every case that I treated that, where results were obtained, they were obtained through the use of the vaccine entirely. And I must confess that I have been very well pleased with the results.

Now, as regards the antitoxins that I stated were developed in the blood plasma, possibly our comprehension of these theories may vary in some respects; however, I believe in attempting to avoid reactions in so far as it is possible.

Dr. Thibault (Scott's)—I think the doctor has very adroitly evaded answering the question in saying that he started out to use a certain vaccine. If he has found a certain vaccine that produces certain results and reads a paper in regard to the effect of that vaccine, it is his duty to state to this society what that vaccine is, and not "Friedmanize" about it.

Dr. Eastman—The vaccine I have been using is known as vaccine No. 41, prepared by Sherman of Detroit. It contains the gonococcus, streptococcus, pneumococcus, staphylococcus and the colon bacillus. Someone spoke of phylacogen. I have used a great deal of it, and have had bad results from it. I have had one or two good cases, though, I will say. Some of these cases that I have treated with this vaccine, this rheumatic vaccine, were cases that had been treated with phylacogen and failed, but got splendid relief from this vaccine that I mentioned.

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Editorials.

OUR NEW PRESIDENT.

The election of Frank B. Young to the presidency of the Arkansas Medical Society is not only a tribute to his fitness to head the medical profession in the state, but is a recognition of the excellent work he did in uniting the two medical schools and putting both under the control of the Board of Trustees of the University of Arkansas. It was he who introduced the original resolution at the Pine Bluff meeting which made this action possible. He was chairman of the committee to accomplish the union, if possible, and it was he who is to be credited with most of the work in reconciling the opposing elements of both schools.

Dr. Young belongs to the younger element, being now only in his thirty-fifth year. He was born at Sherman City, Kan., August 11, 1878, the son of Dr. John and Sophia Franklin Young. In March, 1879, his parents moved to Springdale, Ark., where Dr. Young has resided ever since. He attended the University of Arkansas, going through the junior class. He graduated from the Kansas City Medical College, Kansas City, Mo., in 1900, and has attended several postgraduate courses in New York and Chicago.

Dr. Young's abilities were quickly recognized. He joined the Washington County Medical Society in 1900, the year of his graduation, served as its secretary in 1901-1902, when only in his twenty-fourth year. He has always been a strong organization man. He was secretary of the old Northwest Arkansas Medical Society in 1903, at the time the State Society formed the state into councilor districts, and as such organized the Tenth Councilor District Medical Society, said to be the first one in the United States. He was its first secretary, and afterward its president. He joined the State Medical Society in 1900 at Fayetteville, and has never missed a meeting. It is said he has missed only seven meetings of his county society, and no district meetings—an attendance record probably not equaled by any other physician in the state. He has at all times been active in the society work, as is shown by the many offices with which he has been honored. He has held section offices in the State Society and served on important committees. He was a member of the State Board of Medical Examiners for six years, and is now president of the State Board of Health.

Dr. Young was married March 29, 1912, to Mrs. Jessie Hamilton Keefer of Omaha, Neb.

PLANS FOR A HEALTH CAR.

Dr. T. B. Bradford of Cotton Plant, district director of sanitation for the Arkansas State Board of Health, hopes that as one of the best means of public instruction concerning sanitation, destruction of mosquitoes, disease prevention and hygiene Arkansas will soon have a health car to cover the whole state wherever there are railway lines. Briefly outlined, his plan is to interest one hundred public spirited citizens in each county to become charter members of a state organization to carry on this work, each charter member to agree to give one dollar a year for five years to the cause. As there are seventy-five counties in the state, this would give a working fund of $7,500.00 a year, and it is not unlikely that the legislature would make an appropriation to assist in such an educational campaign.

The smallest county in population, Stone, has approximately 9,000; the largest, Pu-

laski, has 86,000, while most of the other counties range from 12,000 to 50,000, the total population being 1,500,000. While it is difficult to accomplish any work of reform or education, or, in fact, any work of public benefit, by public subscription, it does appear feasible to interest 100 men in each county to the extent of one dollar a year, when the immense advantages of such a work are properly explained to them. To this end Dr. Bradford is sending out broadcast circular letters explaining the plans and purposes.

That such preventable diseases as hookworm, typhoid, malaria and others traceable to soil pollution, to germ carrying by flies and mosquitoes and other causes, are due to ignorance, indifference and carelessness goes without saying, and it is equally true that there is equally widespread ignorance concerning venereal diseases, and that the youth of both sexes are woefully ignorant of sex hygiene, the result of false conceptions of modesty on the part of parents and teachers, who leave them to find out haphazard what should be taught them scientifically.

The Journal wishes Dr. Bradford abundant success in his efforts to promote the public welfare.

THE A. M. A. CONVENTION.

The American Medical Association met at Minneapolis, June 20-23. Arkansas physicians in attendance were: Drs. W. A. Snodgrass, Morgan Smith, Carle E. Bentley, H. A. Higgins, W. V. Laws, E. H. Eastman, Earle Hunt and William R. Bathurst.

Dr. Abraham Jacobi opened the general session and delivered his retiring address, after which Dr. John A. Witherspoon of Nashville, Tenn., presided for the remainder of the session.

The most important single action taken by the House of Delegates was the adoption of an amendment to the constitution whereby every member of the county and state association, without additional expense, becomes automatically a member of the A. M. A. Those who subscribe to the Journal of the A. M. A. are to be fellows.

The first meeting of the newly-formed Section on Orthopedic Surgery was held under the chairmanship of Dr. Newton M. Shafer of New York. The other scientific sessions were well up to the mark set by former meetings.

One of the unique incidents of the meeting was the recognition of woman officially. That is to say, for the first time since its organization, sixty-four years ago, a woman was elected one of the vice presidents, namely, Dr. Lillian South of Bowling Green, Ky., an honor well bestowed, in view of her excellent work, especially in the suppression of the hookworm disease.

Particular interest attached to the scientific exhibit, inasmuch as the South carried off the highest award, the gold medal. This was awarded to Dr. C. C. Bass of New Orleans for his exhibit of the work of growing the malarial organisms. This is the third time that gold medals have been awarded to Dr. Bass for his researches in this line of work—one by the Southern Medical Association and the other by the Mississippi Medical Association.

Atlantic City was chosen for the next annual convention.

The attendance was very large and the members were very cordially received, many social functions being given in their honor.

TAKING TIME BY THE FORELOCK.

Attention is called to the report in another column of the recent meeting of the Union County Medical Society at El Dorado. The society is to hold a meeting in August at which already tentative plans will be discussed for the next annual meeting in May.

That is nine months off, but it is none too early to begin. It is no child's play or summer picnic to entertain and provide a program for a three days' meeting of the Arkansas Medical Society, and it is now time to appoint committees and begin the preliminary work. It is very gratifying to note the spirit displayed by the Union County Society in this respect.

Referring again to the report of the meeting itself, we would suggest that more of the societies send in the reports of their meetings. The Journal will be only too glad to print them, and they will serve to keep alive interest in the societies in every county.

Editorial Clippings.

COLLEGE OF SURGEONS.

The American College of Surgeons was organized at a meeting in Washington, May 5, 1913. Four hundred and fifty prominent surgeons of the continent of North America came together at the invitation of an organization committee which was appointed by the Clinical Congress of Surgeons of North America, at its meeting in November, 1912. The organization was completed by election of officers and the adoption of by-laws and rules of procedure for effecting the purposes of the organization.

The name of the corporation is the College of Surgeons. The object of the College shall be to elevate the standard of surgery, to provide a method of granting fellowships of the organization, and to formulate a plan which will indicate to the profession and the public that the surgeon possessing such a fellowship is especially qualified to practice surgery as a specialty.

The College shall consist of all members of the corporation to be known as Fellows. The Fellows of the College shall be graduates in medicine who are legalized to practice medicine in their states and provinces, who have made application for fellowship, such application to be endorsed by three Fellows of the College, one of whom shall be a member of the Board of Governors, and who meets the qualification requirements that shall from time to time be established by the Board of Regents, and who shall be elected to fellowship by the Board of Regents on recommendation of the Committee on Credentials.

All Fellows of the College shall be designated a Fellow of the College of Surgeons, and shall be authorized and encouraged to use the letters F.C.S. after his name on professional cards, in professional directories and in scientific articles published in surgical literature.

An initial fee of $25.00 shall be required of each member of the College by the Board of Regents. The annual dues will be $5.00. A directory containing the names and addresses of the Fellows of the College of Surgeons, arranged by states, provinces and colonies, will be issued each year.

Any member of the College may be expelled for unprofessional or other conduct inconsistent with the rules and regulations of the corporation by a majority vote of the Board of Regents. It will be the spirit of the association to open the fellowship to all competitors in surgery without favor. Scientific attainments, surgical ability and unquestioned moral character, measured by the College's standards, shall constitute the measure for fellowship.

All applications for membership should be forwarded to the secretary of the corporation. The first formal conferring of fellowships will occur in November, 1913, and the first directory of Fellows will be distributed at that meeting. The secretary of the corporation is Dr. Franklin H. Martin, 31 N. State street, Chicago, Ill.

Every physician who desires to be known as a surgeon will aspire to fellowship in the American College of Surgeons. Fellowship in this corporation carries with it the privilege to use the letters F.C.S. after his name, and indicates to the profession as well as to the public that he is especially qualified to practice surgery. There are, however, certain limitations which will bar many surgeons from fellowship, and among these is the one which provides that no surgeon who is a fee-divider in any form can secure fellowship or retain it after once it has been granted.

We commend the American College of Surgeons for this stand, as also for the attitude which carries with it a demand that all Fellows shall be of unquestioned ability and irreproachable ethical and moral character.—The Journal of the Indiana State Medical Association.

A MODIFIED WASSERMANN TEST.

Dr. L. O. Thompson of Little Rock describes, in the Archives of Internal Medicine for May, a method designed to overcome certain drawbacks of the original Wassermann and Noguchi tests, viz., the chance for error in that the human serum to be tested contains natural antisheep amboceptor, the difficulty of keeping a sheep, and the fact that the small quantity of serum used in the Noguchi test may not contain enough antibodies to cause binding of complement. In Thompson's modification antihuman amboceptor, obtained after injection of washed human corpuscles into rabbits, is used. A 10 per cent solution of fresh guinea pig

serum is used for complement. From both rabbits and pigs the blood is obtained directly from the heart through a hollow needle, the animals surviving for future tests. The patient's blood is easily obtained, and in sufficient quantity, by withdrawal from a vein at the elbow with a syringe. A suspension of human corpuscles is used. In performing the test, incubation is continued for one hour, during which time the tubes are shaken several times to facilitate hemolysis. An elaborate system of controls, including eight different tubes, makes error impossible.—New York Medical Journal.

Personals and News Items.

PERSONALS.

Dr. Carle E. Bentley of Little Rock recently spent a day in Fort Smith.

Drs. A. R. Stover, E. M. Pemberton and J. D. Aronson, laboratory teachers in the Medical Department of the University of Arkansas, are in Chicago.

Dr. and Mrs. W. W. Rice of Prescott have returned after an extended trip East. Dr. Rice attended the post-graduate schools while in New York City.

Drs. L. D. Reagan and A. G. McGill of Little Rock have returned from Chicago.

Dr. J. H. Smith has moved from Little Rock to Trenton, Ark.

Dr. J. T. Clegg of Siloam Springs, councilor of the tenth district, visited Little Rock this month.

Dr. A. S. Buchanan of Prescott has returned from New York City, where he has been attending the post-graduate schools.

Drs. Robert Caldwell of Little Rock and John F. Rowland of Hot Springs will leave early in August for an extended tour of Europe.

The physicians of Benton and Washington counties held a picnic on July 8, at Cave Springs.

Dr. B. Gwaltney of Prairie View has located at Haskell.

Dr. John Guthrie of Black Springs has located at Paraloma.

During the past month the following physicians visited Little Rock: J. R. Cunning, Lonoke; C. M. Peelor, Pangburn; B. C. Logan and J. S. Martin, Morrilton; E. T. Bramlett and J. M. Williams, Malvern, and W. A. Thompson, Warren.

On July 8 Dr. A. M. Hathcock's office and fixtures at Harrison were entirely destroyed by fire.

Dr. J. H. Brewer of Mountain View has recently purchased property at Olvey, where he is engaged in the practice of medicine.

Dr. Sam J. Albright, graduate of the Medical Department of the University of Arkansas, 1913, has located at Bellefonte.

Harrison's city council recently appointed Drs. D. E. Evans, F. B. Kirby and C. M. Routh as members of the City Board of Health.

Dr. Charles S. Allen of Altus has located at Pettigrew.

Dr. Nina V. Hardin of the University of Arkansas Infirmary at Fayetteville, is spending her vacation with her parents on the farm near Van Buren. Dr. Hardin will return to the university infirmary in September.

Mr. F. S. Overton, registrar of the Medical Department of the University of Arkansas, Little Rock, would like the present address of all graduates of that school and of the College of Physicians and Surgeons, Little Rock.

MEMBERSHIP LIST.

In this issue will be found a complete list of the members of the Arkansas Medical Society who have paid their dues for 1913.

Errors in name or address should be reported at once to Dr. C. P. Meriwether, secretary, 308 Southern Trust Building, Little Rock, to facilitate prompt correction.

No name has been intentionally left off. If your name does not appear, be kind enough to notify the secretary, so that he may make the correction.

THE STATE MEDICAL BOARD GRANT LICENSES.

In the recent examination conducted by the State Medical Board of the Arkansas Medical Society for the purpose of determining the qualification of those desiring to

practice medicine and surgery in the state of Arkansas, the following applicants passed satisfactory examination and were issued a certificate: S. J. Allbright, C. S. Allen, J. D. Blackwood, J. B. Bryant (colored), F. M. Boyd, E. R. Browning, W. H. Crockett, J. E. Cashin, E. J. Chaffin, A. B. Coon, W. H. Cleveland, C. B. Capel, S. A. Drennen, W. E. Ellington, E. Ellington, W. G. Eberle, F. W. Fielder, J. T. Freeman, G. P. A. Forde (colored), B. Gwaltney, J. E. Guthrey, C. L. Hale, E. E. Holloway, B. Harris, J. H. Herring, H. B. Henry, I. B. Jordan (colored), F. H. Jones, H. O. Lienhardt, W. B. Lanning, Pat Murphy, F. W. Mackoy, C. S. Miller, V. L. McPherson, N. M. McClelland, E. A. McVey, J. E. Parramore, W. A. Parrish, T. J. Pool, C. F. Perkins, F. Palmer, H. A. Ross, H. G. Rudner, Rosa B. Rowland, H. L. Sanders, B. N. Speer, J. E. Smith, Homer Scott, R. N. Sherman, A. W. Troupe, A. J. Thomas (colored), P. E. Thomas, Jr., John Volmer, W. E. Wisdom, R. E. Weaver, Floyd Webb.

County Societies.

UNION COUNTY.

(Reported by Dr. S. J. McGraw, Secretary.)

El Dorado.—The monthly meeting of the Union County Medical Society was held June 2 in the office of the secretary at El Dorado. Dr. R. A. Hilton acted as president in the absence of the president. Dr. John M. Moore reported two interesting cases of pellagra. Dr. L. F. McGee of Huttig was elected an associate member.

It was decided to abandon the July meeting and hold a special meeting the first Monday in August, the special business being to discuss the annual meeting of the Arkansas Medical Society, which will be held in this city in May, 1914. To this end efforts will be made to secure the attendance of the full membership, numbering fifty. There will also be a scientific program, consisting of short clinical reports of cases of pellagra treated by members of the society within the last two years. Also a paper will be read on malaria and one on typhoid fever.

Every member is deeply interested in the next annual meeting of the State Society, and the merchants and citizens generally, realizing the importance of such a gathering of physicians, are also looking forward to it with interest, and the desire is general to assist in entertaining the visiting doctors.

GREENE COUNTY.

(Reported by Dr. Olive Wilson, Secretary.)

Paragould.—The Greene County Medical Society met in the office of Dr. R. E. Bradsher, at Marmaduke, 10 a. m., June 4. Members present: Thad Cothren and W. M. Majors, Walcott; J. J. Hudgins, Holliday; E. S. Kennedy and R. E. Bradsher, Marmaduke; Jones Lamb, Beech Grove; G. T. Hopkins, F. M. Scott and Olive Wilson, Paragould; M. C. Graham, Gainesville. Visitors: J. W. Ramsey, Jonesboro; M. C. Hughey, Rector; C. A. Hardesty, Paragould; Dr. Hawkins, Marmaduke; Dr. Hutchins, Gainesville, and H. J. Green, D. D. S., Paragould.

The morning session was taken up in discussion of health and subjects of interest to the public. Dr. Green gave a talk on "Adenoids." Dr. Ramsey reported a case of tuberculosis of the eye.

The afternoon session was open to the public and had been widely advertised.

The Northeast Arkansas Methodist Conference was in session and the physicians asked the privilege of holding a joint meeting during the afternoon, which was granted.

The program was as follows: "Hygiene of the Eye," by Dr. Ramsey; "Oral Hygiene," by Dr. Green; "Hookworm Disease," by Dr. Majors; "Health Rules," by Dr. Olive Wilson.

The next three meetings will be open to the public at the following places: Beech Grove, in July; Walcott, in August; Gainesville, in September.

Leaflets on "Prevention of Tuberculosis and Public Health," by the California State Board of Health, are distributed at all of our public meetings.

MISSISSIPPI COUNTY.

(Reported by Dr. Thos. G. Brewer, Secretary.)

Osceola.—The Mississippi County Medical Society met in the Beall Hotel in this city, June 17. Members present: Drs. H. F. Crawford, E. E. Craig, W. E. Turner, H. C. Dunavant, J. F. Sanders, T. F. Taylor, T. F. Hudson, W. H. Owen, —— Webb, R. C. Prewitt, A. V. Hill and T. G. Brewer. Vis-

itors present: Drs. B. Malone and B. N. Dunavant of Memphis.

The scientific session was as follows: "Prophylaxis of Malaria," by Dr. Hudson; "Operative Treatment of Fractures," by Dr. Malone; "Renal Calculi," by Dr. B. N. Dunavant.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Secretary.)

Pine Bluff.—The Jefferson County Medical Society met in this city June 14. Members present: Clark, Blackwell, Breathwit, Jordan, John, Luck, Palmer, Stewart and Woodul.

Dr. C. E. Wright of Altheimer was elected to membership.

WASHINGTON COUNTY.

(Reported by Dr. H. H. Towler, Secretary.)

Fayetteville.—The Washington County Medical Society met in this city July 1. The scientific session consisted of an excellent paper on "Myocarditis" by Dr. John Young of Springdale.

The society adjourned to meet in joint session with the Benton County Medical Society at Cave Springs, July 8.

CAVE SPRINGS MEETING.

Upon the invitation of the Benton County Medical Society, the Washington County Medical Society and their friends met in joint session July 8, at the famous Cave Springs. A most enjoyable day was spent, ending by the decision of all present to make such a meeting an annual affair.

The meeting was unique in that there was present the first and present president of the Arkansas Medical Society, Drs. W. B. Welch of Fayetteville and F. B. Young of Springdale.

Addresses were made by Drs. Welch, Clegg, Cargile and Young, Rev. Waltrip and Hon. P. A. Rogers.

YELL COUNTY.

(Reported by Dr. J. R. Linzy, Secretary.)

Dardanelle.—The Yell County Medical Society met at Plainview on June 10. Members present: Robert Cowger, Danville, president; J. R. Linzy, Dardanelle, secretary; C. B. Linzy, W. A. Ballinger and Cleve Brooks, Plainview; H. A. Britt, Havana; Dr. Gillem, Rover; M. A. Worsham, Centerville; Lee Montgomery, Gravelly.

Scientific session: "Sanitation," by Dr. J. R. Linzy, county health officer, Dardanelle. Dr. Linzy also referred to some of the duties of the health officer, and urged the co-operation of the physicians.

Many cases were reported and interesting discussions followed.

Danville was selected as the next meeting place, on the second Tuesday in August.

Book Reviews.

Progressive Medicine.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D. Volume XV, No. 2, June 1, 1913. Published by Lea & Febiger, Philadelphia. $6.00 per annum.

Contents:

"Hernia," by William B. Coley, M. D.

"Surgery of the Abdomen, Exclusive of Hernia," by J. C. A. Gerster, M. D.

"Gynecology," by John G. Clark, M. D.

"Diseases of the Blood," "Diathetic and Metabolic Diseases," "Diseases of the Thyroid Gland, Nutrition, and the Lymphatic System," by Alfred Stengel, M. D.

"Ophthalmology," by Edward Jackson, M. D.

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared original articles of interest to students and practitioners, by leading members of the medical profession. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Volume II, twenty-third series, 1913. Published by J. B. Lippincott Co., Philadelphia.

Among the interesting articles we find:

"The Therapeutic Indications for Antitoxins, Serums and Vaccines," by G. Morton Illman, M. D., Philadelphia.

"Paroxysmal Hemoglobinuria—Its Relation to Syphilis, Especially in the Light of the Wassermann Reaction," by C. H. Browning, M. D., and H. F. Watson, M. B., Ch. B., L. R. C. P., Glasgow.

"Psychoneuroses in the Male," by James J. Walsh, M. D., Ph. D., Sc. D., New York.

"Rape in Children and in Young Girls," by Gurney Williams, M. D., Philadelphia.

The Operating Room and the Patient.—By Russell S. Fowler, M. D., chief surgeon First Division, German Hospital, Brooklyn, New York. Third edition rewritten and enlarged. Octavo volume of 611 pages, with 212 illustrations. Philadelphia and London. W. B. Saunders Company, 1913. Cloth, $3.50 net.

The author of this book presents the subject in a very readable manner. Simplification and standardization are the keynotes of the hour; hence, many of the early methods have been discarded for others which experience has proven efficient and better because simpler.

Roughly, the underlying principles of successful surgical treatment he summarized as follows: Careful anesthesia, exact hemostasis, asepsis, rest to the injured part, use of the rest of the body, feeding advanced to normal as fast as the stomach weakened by anesthesia can care for it, and the following of the general rules of hygiene.

Golden Rules of Surgery.—By Augustus Charles Bernays. Second edition revised and rewritten by William Thomas Coughlin, M. D., assistant professor of surgery, chief of clinic, St. Louis University Medical School, St. Louis, Mo. 281 pages. Published by C. V. Mosby Co., St. Louis, Mo., 1913.

In this guide to the study of surgery deals only with the important and frequent occurrences, and not with rare cases. It is intended only to furnish a quick means of ready reference for physicians, that at the moment have not the time for more extensive reading.

Laboratory Methods.—By B. G. R. Williams, M. D., assisted by E. G. C. Williams, M. D., with an introduction by Victor C. Vaughan, M. D., LL. D. Second edition. Illustrated with 43 engravings. 210 pages. Published by C. V. Mosby Company, St. Louis, Mo. Price, $2.50. 1913.

It has been the aim of the authors to simplify laboratory methods to the needs of the general practitioner. Certain portions of this edition have been revised and rearranged and many additions have been made.

Epidemic Cerebro-Spinal Meningitis.—By Abraham Sophian, M. D., formerly with New York Research Laboratory. 272 pages, with 23 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1913. Price, $3.00.

The purpose of this work is to convey a thorough yet simple description of the clinical and laboratory findings in the disease, and to so interpret the laboratory descriptions as to familiarize the reader with their application in treatment and in clinical analysis of the disease.

We are informed that this is the only monograph in English on this important disease.

Vaccine and Serum Therapy, including also a study of infections, theories of immunity, specific diagnosis and chemotherapy. By Edwin Henry Schorer, B. S., M. D., Dr. P. H., formerly assistant Thomas Wilson Sanitarium for Children, Mt. Wilson, Md.; assistant Rockefeller Institute for Medical Research, New York City, and at one time member of the faculty of the University of Missouri, of the University of Kansas, and the Department of Preventive Medicine and Hygiene of Harvard University. 300 pages. Second revised edition. Published by C. V. Mosby Company, St. Louis, Mo., 1913. Price, $3.00.

In this work an attempt has been made to state concisely and accurately the present knowledge concerning vaccines and immune sera. Some space is given to infections in general, the theories of immunity, with especial emphasis on the opsonic theory of immunity, as well as the particular methods of vaccine and serum therapy. Considerable space has been given to the opsonic index and the importance of opsonins in health and disease.

Our readers will find this book presents the subject fairly and in such a manner as to be of great assistance to the practitioner.

Tuberculin in Diagnosis and Treatment.—By Francis Marion Pottenger, A. M., M. D., LL. D., medical director of the Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, Cal. 243 pages, 35 illustrations, including one plate in colors. Price, $3.00. Published by C. V. Mosby Company, St. Louis, Mo., 1913.

The author's long experience in tuberculin therapy enables him to present a very complete work.

The first chapter is on the importance of the tuberculin test in the early diagnosis of tuberculosis. He then discusses the subcutaneous, cutaneous, percutaneous and conjunctival tuberculin tests.

Chapter VI describes tuberculin in the treatment of tuberculosis and Chapter XII gives in detail the technic of administering tuberculin.

In the appendix may be found the translation of Professor Koch's announcement of the discovery of tuberculin, and a further report on a remedy for tuberculosis.

Obstetric and Gynecological Nursing.—By Edward P. Davis, A. M., M. D., professor of obstetrics in the Jefferson Medical College, Philadelphia. 12 mo.; volume of 480 pages, fully illustrated. Fourth edition, thoroughly revised. Philadelphia. W. B. Saunders Company, 1913. Buckram, $1.75 net.

By reading this book, both physician and nurse will enhance the value of their services. The author gives every detail of normal gestation, complications of pregnancy and gynecological nursing.

In the appenda will be fonnd dietary, preparation of surgical supplies and aseptic precautions.

Solidified Carbon Dioxide.—By Ralph Bernstein, M. D., clinical instructor in skin diseases, Hahnemann Medical College, Philadelphia. 95 pages. Cloth, $1.00. F. S. Betz Company, Hammond, Ind., 1913.

The book gives briefly the author's experience with solidified carbon dioxide in the treatment of various cutaneous manifestations. Cases are reported with illustrations showing the results obtained by the use of this freezing agent.

A NEW LAW IN VERMONT.

The following legislation was recently enacted in Vermont (Public Health Reports):

Section 1. Commencing on the date of the passage of this act, the superintendent or other officer in charge of public institutions, such as hospitals, dispensaries, clinics, homes, asylums, charitable and correctional institutions, shall report promptly to the State Board of Health, the name, sex, age, nationality, race, marital state, and address of every charitable patient under observation, suffering from venereal diseases in any form, stating the name, character, stage and duration of the infection, and, if obtainable, the date and source of contracting the same.

Sec. 2. Physicians shall furnish similar information concerning private patients under their care, except that the name and address of the patient shall not be reported.

Sec. 3. All information and reports in connection with persons suffering from such diseases shall be regarded as absolutely confidential, and shall not be accessible by the public, nor shall such records be deemed public records.

Sec. 4. The State Board of Health shall provide, at the expense of the state, facilities for the free bacteriological examination of discharges for the diagnosis of gonorrheal infections, and also shall provide, at cost, vaccines or antitoxins for the treatment of such infections. And said board shall make, at the expense of the state, the Wassermann test or examine smears for the diagnosis of syphilis; and shall furnish the treatment known as "Salvarsan" or other accredited specific treatment at cost. But such diagnosis and treatment shall not be furnished until the data required for the registration of the case has been furnished by the physician or institution treating the patient.

Sec. 5. The State Board of Health shall include in bulletins or circulars distributed by it, information concerning the diseases covered by this act.—The Urologic and Cutaneous Review.

At the annual meeting of the American Association for Cancer Research, May 5, 1913, the following resolution (the report of the Committee on Statistics and Public Education) was unanimously adopted:

It is the sentiment of this association that:

(1) The present instruction of medical students in the symptoms and early diagnosis of cancer is seriously deficient.

(2) The medical curriculum should include special lectures in the clinical departments dealing specifically with this subject.

(3) The universities should provide competent lectures in this subject to address the local medical societies.

(4) The associate members of this association should be urged to take up the question of the proper methods of approaching the public on the subject of cancer.

(5) The activities of this association should at present be chiefly confined to the education of the medical profession.

(6) This resolution shall be sent to the deans of the medical schools and the secretaries of the state medical societies in the United States and published in the medical press.

As throwing a side light upon the character of the opposition to the establishment of a National Department of Health, it may be recorded that when the proposition to appoint a municipal Board of Health for the city of Fort Worth, Tex., was under discussion by the Federated Women's Clubs, the Tarrant County Medical Society and the police and fire commissioner, who had the power of appointment, the commissioner "admitted that the opposition was headed by an unlicensed practitioner and one who formerly advertised by placards in the street cars."—The Lancet-Clinic.

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Harvey, W. A. . . . . Berryville
Huntington, R. H. . . . Eureka Springs
Jordan, J. D. . . . . Eureka Springs
John, J. F. . . . . Eureka Springs
Mathais, J. B. . . . . Berryville
Morrow, F. R. . . . . Green Forest
Pace, Henry . . . . . Eureka Springs
Poynor, J. W. . . . . Osage
Poynor, I. M. . . . . Berryville
Price, C. T. . . . . Green Forest
Poynor, E. E. . . . . Green Forest
Reynolds, J. R. . . . . Oak Hill

Chicot County.

Anderson, A. G. . . . . Eudora
Barlow, E. E. . . . . Dermott
Baker, E. . . . . Dermott
Craig, Wm. A. . . . . Grand Lake
Douglass, S. W. . . . . Eudora
Easterling, W. W. . . . . Chicot
Henry, R. N. . . . . Lake Village
Nichols, W. J. . . . . Readland
Miller, R. D. . . . . Eudora
Parr, H. H. . . . . Eudora
McGehee, E. P. . . . . Lake Village
Norton, M. M. . . . . Lake Village

Clay County.

Black, J. C. . . . . Corning
Cunning, I. H. . . . . Knobel
Hiller, J. P. . . . . Pollard
Hughey, M. C. . . . . Rector
Latimer, N. J. . . . . Corning
Drace, C. W. . . . . Piggott
McKenney, A. B. . . . . Corning
Lunt, J. P. . . . . Leonard
Newkirk, C. H. . . . . Datto
Nelson, F. L. . . . . Corning
Richardson, M. C. . . . . Datto
Simpson, A. R. . . . . Corning
Thornton, E. W. . . . . Piggott
Waddle, M. V. B. . . . . Success

Clark County.

Bell, J. H. . . . . Arkadelphia
Doane, S. A. . . . . Arkadelphia
Moore, W. M. . . . . Arkadelphia
Rowland, W. T. . . . . Arkadelphia
Townsend, N. R. . . . . Arkadelphia
Wallis, J. C. . . . . Arkadelphia
Williams, E. K. . . . . Arkadelphia

Cleveland County.

Crump, J. F. . . . . Rison
Carter, J. D. . . . . Staves
Hamilton, A. J. . . . . New Edinburg
Hartsell, W. L. . . . . Draughon
Hartsell, R. L. . . . . Herbine
Hughes, A. A. . . . . Rison
Johnson, S. C. . . . . Kingsland
Leila, C. . . . . Kingsland
Robertson, A. B. . . . . Rison
Ruth, Junius . . . . . Orlando
Vance, J. O. . . . . New Edinburg
Sadler, H. D. . . . . Rison
Wolford, W. S. . . . . Kingsland
Wilson, H. O. . . . . Randall

Columbia County.

Baker, J. J. . . . . Magnolia
Beasley, J. . . . . Waldo
Cooksie, W. P. . . . . Atlanta
Hill, C. H. . . . . Village
Hunt, W. J. . . . . Macedonia
Longino, H. A. . . . . Magnolia
McWilliams, T. . . . . Village
Smith, P. M. . . . . Magnolia
Stevens, C. D. . . . . Magnolia
Stevenson, W. A. . . . . Magnolia
Sauter, T. E. . . . . McNeil
Sauter, A. J. . . . . Waldo
Twitty, Walter . . . . . Emerson
Vaughn, J. T. . . . . Emerson
Walker, J. C. . . . . Emerson
Whaley, W. T. . . . . McNeil
Sanders, G. P. . . . . McNeil

Cleburne County.

Brasley, H. S. . . . . Pearson
Hornbarger, W. J. . . . . Heber Springs
Holt, C. Z. . . . . Letona
Hall, Harvey J. . . . . Higden
Richardson, F. G. . . . . Heber Springs
Ruff, Horace E. . . . . Heber Springs
Stark, Calvin B. . . . . Shiloh
Turner, S. A. . . . . Heber Springs

Conway County.

Bearden, Fred . . . . . Morrilton
Bradley, A. R. . . . . Morrilton
Clark, C. D. . . . . Morrilton
Gordon, F. . . . . Morrilton
Goatcher, A. L. . . . . Plumerville
Horton, Neal . . . . . Plumerville
Jackson, J. H. . . . . Center Ridge
Logan, B. C. . . . . Morrilton
Martin, J. S. . . . . Morrilton
Presley, W. L. . . . . Morrilton
Ringgold, G. W. . . . . Morrilton
Yates, George . . . . . Morrilton

Craighead County.

Altman, J. T. . . . . Jonesboro
Alcott, Dr. . . . . Weiner
Buckman, B. J. . . . . Dee
Ellis, Ira . . . . . Jonesboro
Grady, N. H. . . . . Monette
Haltom, W. C. . . . . Jonesboro
Harrison, B. L. . . . . Little Rock
Lutterloh, C. M. . . . . Jonesboro
Lutterloh, P. W. . . . . Jonesboro
McDaniel, E. C. . . . . Tyronza
Jackson, W. W. . . . . Jonesboro
Pierce, A. G. . . . . Jonesboro
Ramsey, J. W. . . . . Jonesboro
Simpson, W. S. . . . . Bono
Ratcliff, R. W. . . . . Jonesboro
Stroud, H. A. . . . . Jonesboro
Walker, B. F. . . . . Nettleton
Willett, R. H. . . . . Jonesboro

Cross County.

Griffin, J. L. . . . . Vanndale
Kilgore, J. L. . . . . Cherry Valley
McKie, W. H. . . . . Wynne
Longest, R. . . . . Wynne
Stewart, T. J. . . . . Wynne

Crittenden County.

Blue, J. B. . . . . Parkin
Blue, W. R. . . . . Parkin
Haden, J. D. . . . . Crawfordsville
Hare, T. S. . . . . Crawfordsville
Hicks, W. P. . . . . Earle
Mathews, J. H. . . . . Earle
McBee, J. M. . . . . Earle
Parker, A. C. . . . . Clarksdale
Hedrick, C. F. . . . . Vincent
McVay, L. C. . . . . Marion
Satterfield, J. V. . . . . Earle

Dallas County.

Atkinson, H. H. . . . . Fordyce
Cox, C. C. . . . . Carthage
Harrison, F. E. . . . . Fordyce
Hope, O. W. . . . . Fordyce
Kelly, O. R. . . . . Carthage
Kelly, M. D. . . . . Carthage
March, C. J. . . . . Fordyce
Wozencraft, W. L. . . . . Holly Springs

Desha County.

Briscoe, G. . . . . Pendleton
Bowles, T. H. . . . . Dumas
Isom, A. . . . . Dumas
Price, C. C. . . . . Dumas
Smith, H. T. . . . . McGehee
Smith, C. P. . . . . Arkansas City

MEMBERS OF COMPONENT SOCIETIES.—Continued.

Stuart, J. M.....McGehee
White, J. A.....Dumas
White, J. F.....McGehee

Drew County.

Baker, J. P.....Blissville
Brown, W. A.....Monticello
Castile, H. .....Winchester
Chears, J. T.....Winchester
Collins, A. S. J.....Monticello
Corrigan, M. B.....Monticello
Cotham, E. R.....Monticello
Duckworth, F. L.....Monticello
Fletcher, G. W.....Tillar
Hanson, C. P.....Paradise
Hughes, S. D.....Wilmar
Kimbro, S. O.....Monticello
Kimbro, W. C.....Monticello
Lisnbee, A. M.....Baxter
Pipkin, J. W.....Tillar
Pope, M. Y.....Monticello
Smith, R. N.....Collins
Stanley, A. C.....Tillar
Thompson, J. A.....Dermott

Faulkner County.

Blakely, G. W.....Conway
Brown, George S.....Conway
DeJarnett, J. W.....Guy
Dickerson, G. D.....Conway
Dickerson, C. H.....Conway
Downs, Joseph H.....Vilonia
Greeson, W. R.....Conway
Henderson, G. L.....Greenbrier
Mabray, Thos. M.....Holland
Munn, J. B.....Vilonia
McCollum, I. N.....Conway
McMahan, J. E.....Conway
Snoddy, T. B.....Saltillo
Westerfield, J. S.....Conway
Williams, E. T.....Greenbrier

Franklin County.

Benefield, C. E.....Charleston
Blackburn, E. W.....Ozark
Blakely, J. P.....Alix
Blakely, T. B.....Coal Hill
Crocker, J. T.....Lonelm
Douglass, Thos. .....Ozark
Gibbons, W. H.....Webb City
Harrod, J. C.....Denning
Post, J. L.....Altus
Houston, Hugh .....Altus
Jacobs, L. I.....Hunt
Jones, W. E.....Paris
Rambo, W. W.....Alston
Wear, W. M.....Etna
Williams, H. F.....Ozark
Warren, G. D.....Ozark

Fulton County.

Cantrell, F. W.....Salem
Chapman, A. S.....Mammoth Spring
Culp, C. W.....Mammoth Spring
Sigler, J. A.....Mammoth Spring
Weathers, J. L.....Salem

Grant County.

Butler, J. L.....Sheridan
Jones, J. E.....Erin
Wallen, L. .....Sheridan
Pitman, W. G.....Grape Vine
Shaw, J. B.....Sheridan
Young, J. H.....Sheridan

Greene County.

Baker, E. S.....Paragould
Bradsher, R. E.....Marmaduke
Cothren, Thad .....Walcott
Cohn, George .....Lafe
Chapman, E. J.....Paragould
Dickson, H. N.....Paragould
Dickson, P. L.....Paragould
Graham, M. C.....Gainsville
Haley, R. J.....Paragould
Hopkins, G. T.....Paragould
Hutcherson, E. R.....Delaplaine
Hudgins, J. J.....Haliday
Kennedy, E. L.....Marmaduke
Lamb, Jones .....Beech Grove
Majors, W. W.....Walcott
Owens, W. R.....Paragould
Scott, F. M.....Paragould
Tyneer, H. V.....Paragould
Vesser, W. W.....Harrisburg
Wilson, Olive .....Paragould

Hempstead County.

Autry, J. B.....Columbus
B'Shears, L. H. B.....Fulton
Coulder, W. W.....Fulton
Cannon, J. E.....Hope
Carrigan, P. B.....Hope
Garrett, H. J. F.....Hope
Garner, T. J.....Washington
Garner, W. M.....Bodcaw
Giles, H. R.....Hope
Gillespie, L. J.....Hope
Henry, J. A.....Hope
Hays, R. E.....Fulton
Kelly, J. L.....Hope
Miller, S. A.....Russellville
Bell, Minto .....Blevins
Pool, Wm. B. H.....Hope
Robin, W. F.....Ozan
Russell, M. V.....Hope
Shaw, C. A.....Hope
Smith, R. D.....Saratoga
Smith, Don .....Hope
Saner, W. F.....Hope
Weaver, J. H.....Hope
Weaver, S. J.....Fulton
Waddle, J. S.....Hope

Hot Spring County.

Bramlett, E. T.....Malvern
Burks, J. A.....Malvern
Cox, J. A.....Donaldson
Carroll, W. A.....Saginaw
McCray, E. H.....Malvern
Phillips, R. Y.....Malvern
Williams, J. M.....Malvern

Garland County.

Barry, L. H.....Hot Springs
Biggs, Orvis .....Hot Springs
Bush, J. W.....Hot Springs
Breedlove, W. D.....Hot Springs
Burton, O. H.....Hot Springs
Connell, W. H.....Hot Springs
Cox, W. E.....Hot Springs
Chesnutt, James H.....Hot Springs
Collings, H. P.....Hot Springs
Collings, S. P.....Hot Springs
Cook, A. H.....Hot Springs
Dake, W. .....Hot Springs
Dake, Charles .....Hot Springs
Davis, R. G.....Hot Springs
DeWoody, L. C.....Hot Springs
Drennen, C. Travis.....Hot Springs
Eastman, E. H.....Hot Springs
Ellsworth, C. H.....Hot Springs
Ellis, L. R.....Hot Springs
Fewkes, J. .....Hot Springs
Forbes, W. O.....Hot Springs
Grey, D. A.....Hot Springs
Garnett, A. S.....Hot Springs
Harrell, M. L.....Hot Springs
Hallman, V. H.....Hot Springs
Hay, E. C.....Hot Springs
Hebert, G. A.....Hot Springs
Holland, T. E.....Hot Springs
Horner, J. S.....Hot Springs
Holland, E. D.....Hot Springs
Johns, P. W.....Hot Springs
Jelks, F. W.....Hot Springs
Jelks, J. T.....Hot Springs
Laws, M. V.....Hot Springs
Livingston, J. J.....Hot Springs
Martin, E. H.....Hot Springs
Mobbs, B. .....Hot Springs
Mount, M. F.....Hot Springs
McConnell, C. A.....Hot Springs
McClendon, J. W.....Hot Springs
Purdom, E. A.....Hot Springs
Proctor, J. M.....Hot Springs
Randolph, J. P.....Hot Springs
Robertson, J. A.....Hot Springs
Rowland, J. F.....Hot Springs
Sanders, T. E.....Hot Springs
Shaw, A. D.....Hot Springs
Short, Z. N.....Hot Springs
Snyder, W. L.....Hot Springs
Steele, S. B.....Hot Springs
Steer, S. L.....Hot Springs
Smith, J. W.....Hot Springs
Strachan, J. B.....Hot Springs
Shaw, J. B.....Hot Springs
Simpson, R. A.....Hot Springs
Thompson, M. G.....Hot Springs
Thompson, M. G., Jr....Hot Springs
Thompson, E. L.....Hot Springs
Tribble, A. H.....Hot Springs
Vaughan, P. T.....Hot Springs
Williams, A. U.....Hot Springs
Winegar, E. F.....Hot Springs
Williams, F. M.....Hot Springs
Weil, S. D.....Hot Springs
Weimer, R.....Hot Springs
Wood, J. S.....Hot Springs
Wootten, W. T.....Hot Springs

Howard County.

Alford, T. A.....Murfreesboro
Bell, J. L.....Highland
Black, E. M.....Murfreesboro
Daly, J. M.....Nashville
Dildy, E. V.....Nashville
Hale, A. W.....Nashville
Gibson, W. M.....Nashville
Hopkins, J. S.....Nashville
Hutchinson, D. A.....Nashville
Jentry, J. E.....Belton
Musser, J. L.....Ben Lomond
Toland, W. H.....Nashville
Roberts, J. L.....Murfreesboro
Wright, W. C.....Buck Range

Independence County.

Bone, O. L.....Cushman
Case, J. W.....Batesville
Craig, Stark .....Batesville
Dorr, R. C.....Batesville
Evans, L. T.....Barren Fork
Evans, A. A.....Newark
Gray, C. C.....Cave City
Gray, F. A.....Batesville
Heyden, J.....Jamestown
Hinkle, C. G.....Batesville
Jeffery, Paul .....Bethesda
Johnson, O. J. T.....Batesville
Kennerley, J. H.....Batesville
Long, W. J.....Sulphur Rock
Lawrence, W. B.....Batesville
McAdams, V. D.....Cord
Moore, Wm. P.....Newark
Pascoe, V. L.....Newark
Rodman, T. N.....Newark
Roe, J. B.....Newark
Roberson, S. N.....Sulphur Rock
Smith, H. H.....Calico Rock
Wyatt, W. A.....Rosie

Izard County.

Baber, T. C.....Franklin
Baxter, E. A.....Melbourne
Dillard, William .....Zion
Baldwin, J. .....Guion
Phelps, J. E.....Melbourne
Ward, B. H.....Vanderbilt
Wood, T. J.....Evening Shade

Jackson County.

Best, A. L.....Newport
Bell, J. F.....Weldon
Causey, G. A.....Swifton
Erwin, I. H.....Newport
George, C. E.....Grubbs
Graham, J. S.....Tuckerman
Gray, C. R.....Newport
Jamison, O. A.....Tuckerman
Jones, O. E.....Newport
Kimberlin, K. K.....Tuckerman
Martin, C. W.....Newport
Norris, R. O.....Tuckerman
Slaydon, L. T.....Tuckerman
Stephens, G. K.....Newport
Walker, H. O.....Newport
Watson, E. L.....Newport
Willis, L. E.....Newport
Wilson, W. F.....Elmo

Jefferson County.

Breathwit, W. M.....Pine Bluff
Blankenship, W. H.....Pine Bluff
Blackwell, O. G.....Pine Bluff
Brunson, Asa .....Pine Bluff
Caruthers, C. K., Jr.....Pine Bluff
Clark, O. W.....Pine Bluff
Crutcher, W. M.....Pine Bluff
Ferguson, J. P.....Sweden
Galligher, B. H.....Pine Bluff
Glover, C. A.....Pine Bluff
Hardin, Robert .....Tarry
John, J. W.....Pine Bluff
Jordan, A. C.....Pine Bluff
Jenkins, J. S.....Pine Bluff
Kite, N. .....Pine Bluff
Lemmon, J. M.....Pine Bluff
Mims, A. D.....Altheimer

MEMBERS OF COMPONENT SOCIETIES.—Continued.

McMullen, E. C. . . . . Pine Bluff
Luck, B. D. . . . . Pine Bluff
Palmer, J. T. . . . . Pine Bluff
Rowell, F. C. . . . . Pine Bluff
Lowe, W. T. . . . . Pine Bluff
Scales, J. W. . . . . Pine Bluff
Stewart, W. S. . . . . Pine Bluff
Shelton, M. A. . . . . Wabbaseka
Smith, J. S. . . . . Pine Bluff
Thompson, A. G. . . . . Pine Bluff
Troupe, A. W. . . . . Pine Bluff
Williams, H. E., Sr. . . . . Pine Bluff
Williams, H. E., Jr. . . . . Pine Bluff
Withers, J. W. . . . . Pine Bluff
Woodul, T. W. . . . . Pine Bluff

Johnson County.

Burgess, M. E. . . . . Lamar
Cook, L. A. . . . . Knoxville
Graves, S. M. . . . . Mt. Levi
Bradley, Jon. F. . . . . Lamar
Hays, A. . . . . Clarksville
Hunt, E. H. . . . . Clarksville
Hunt, Wm. R. . . . . Clarksville
Kolb, J. S. . . . . Clarksville
Love, J. E. . . . . Hartman
Manly, Robt. N. . . . . Lamar
Murphy, J. M. . . . . Silex
Hardgraves, G. L. . . . . Edna
Robinson, Charles E. . . . . Clarksville
Huddleston, G. D. . . . . Lamar
Hunt, E. C. . . . . Mulberry
Ogilvie, J. W. . . . . Harmony
Patterson, C. H. . . . . Oark

Lafayette County.

Baker, F. E. . . . . Stamps
Colquitt, S. W. . . . . McKamie
Bright, D. W. . . . . Lewisville
Hoover, A. S. . . . . Stamps
McKnight, J. F. . . . . Walnut Hill
Youmans, F. W. . . . . Lewisville

Lawrence County.

Ball, C. C. . . . . Ravenden
Barton, F. M. . . . . Minturn
Elders, J. W. . . . . Alicia
Guthrie, T. C. . . . . Jessup
Hatcher, Wright . . . . . Imboden
Hughes, J. C. . . . . Walnut Ridge
Henderson, A. G. . . . . Imboden
Johnson, William . . . . . Hardy
Morris, J. W. . . . . Denton
McCarroll, H. R. . . . . Walnut Ridge
Neece, T. C. . . . . Walnut Ridge
Peacock, A. L. . . . . Lynn
Poindexter, J. C. . . . . Imboden
Ponder, E. T. . . . . Walnut Ridge
Robinson, W. J. . . . . Portia
Smith, W. A. . . . . Walnut Ridge
Swindle, J. C. . . . . Walnut Ridge
Smith, F. D. . . . . Alicia
Stidham, J. H. . . . . Walnut Ridge
Stephens, J. M. . . . . Lauratown
Thomas, E. . . . . Hoxie
Townsend, C. C. . . . . Walnut Ridge
Watkins, G. M. . . . . Walnut Ridge
Warren, G. A. . . . . Black Rock

Lee County.

Bean, W. B. . . . . Marianna
Beaty, W. S. . . . . Vineyard
Chaffin, C. W. . . . . Moro
Darnell, Ernest . . . . . Aubrey
Foster, G. F. . . . . LaGrange
Ingram, T. H. . . . . Marianna
Lewis, J. F. . . . . Marianna
Longley, W. W. . . . . Marianna
McClendon, A. A. . . . . Marianna
Russwurm, C. S. . . . . LaGrange
Wall, E. D. . . . . Marianna
Williamson, O. L. . . . . Marianna
Wilsford, A. L. . . . . Moro
White, Harry . . . . . Rondo

Little River County.

Bishop, A. B. . . . . Ashdown
Cathey, A. B. . . . . Wilton
Kirkham, Z. L. . . . . Ashdown
Marr, S. C. . . . . Ashdown
Phillips, P. H. . . . . Ashdown
Ringgold, J. W. . . . . Ashdown
Shackelford, L. C. . . . . Foreman
Shackelford, T. T. . . . . Foreman
Stevens, D. L. . . . . Foreman
Vaughan, W. E. . . . . Richmond
York, W. W. . . . . Ashdown

Lincoln County.

Dixon, C. W. . . . . Douglass
McClain, J. K. . . . . Star City
Tarver, B. F. . . . . Star City
Raines, T. W. . . . . Star City
Thiolliere, A. . . . . Varner
Watt, J. D. . . . . Tyro

Logan County.

Armstrong, N. E. . . . . Booneville
Baskerville, W. S. . . . . Booneville
Bennett, W. H. . . . . Paris
Foster, M. E. . . . . Paris
Harkins, R. A. . . . . Ratcliff
Hederick, A. R. . . . . Booneville
Lipe, E. N. . . . . Scranton
McConnell, S. P. . . . . Booneville
Scott, Earl E. . . . . Magazine
Smith, J. J. . . . . Paris
Smith, A. M. . . . . Paris
Thompson, R. C. . . . . Spielerville

Lonoke County.

Abbott, C. C. . . . . Pettus
Beatty, S. S. . . . . England
Benton, T. E. . . . . Lonoke
Calahan, A. E. . . . . Carlisle
Chenault, J. C. . . . . England
Corn, F. A. . . . . Lonoke
Granberry, G. W. . . . . Cabot
England, John F. . . . . England
Hoffman, C. H. . . . . Cabot
Cunning, John R. . . . . Lonoke
Nevins, J. D. . . . . Tucker
Southall, S. A. . . . . Lonoke
Shelton, T. H. . . . . Hot Springs
Thibault, H. . . . . Scott
Ward, O. D. . . . . England
Fly, T. M. . . . . Little Rock

Madison County.

Berry, F. O. . . . . Hindsville
Bohannan, J. H. . . . . Huntsville
Counts, G. D. . . . . Wesley
Hill, N. J. . . . . Drake's Creek
Knight, M. . . . . Huntsville
Moore, W. A. . . . . Hindsville
Potts, J. R. . . . . Spring Valley
Roberts, D. C. . . . . Marble
Spurgeon, J. H. . . . . Huntsville
Youngblood, F. . . . . Huntsville

Marion County.

Elam, G. F. . . . . Eros
Elton, A. M. . . . . Yellville
Mathews, J. F. . . . . Flippin
Thompson, J. S. . . . . Yellville
Weast, L. M. . . . . Yellville

Miller County.

Abell, G. C. . . . . Texarkana
Beck, E. L. . . . . Texarkana
Collam, S. A. . . . . Texarkana
Center, W. B. . . . . Myrtistown, La.
Cook, J. C. . . . . Myrtistown, La.
Dale, J. R. . . . . Texarkana
Fuller, Earl . . . . . Texarkana
Grant, R. L. . . . . Texarkana
Kelly, K. M. . . . . Texarkana
Kittrell, T. F. . . . . Texarkana
Kosminsky, L. J. . . . . Texarkana
Lanier, L. H. . . . . Texarkana
Lee, A. G. . . . . Texarkana
Lightfoot, J. A. . . . . Texarkana
Mann, R. H. T. . . . . Texarkana
Middleton, B. C. . . . . Texarkana
Smith, C. A. . . . . Texarkana
Smith, J. K. . . . . Texarkana
Webster, H. R. . . . . Texarkana
Watts, E. M. . . . . Texarkana
White, J. N. . . . . Texarkana
Womack, W. E. . . . . Texarkana

Montgomery County.

Robbins, J. D. . . . . Oden
Kirkpatrick, J. . . . . Oden
Freeman, W. D. . . . . Mt. Ida
Kennedy, L. S. . . . . Mt. Ida
Steuart, J. B. . . . . Womble
Freeman, I. N. . . . . Washita
Murphy, J. H. . . . . Mimosa
McLean, J. H. . . . . Caddo Gap

Mississippi County.

Brewer, T. C. . . . . Osceola
Campbell, J. H. . . . . Bardstown
Crawford, H. F. . . . . Wilson
Craig, E. E. . . . . Wilson
Davis, A. . . . . Archillion
Franklin, A. L. . . . . Blytheville
Harwell, C. M. . . . . Osceola
Howton, O. . . . . Osceola
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Original Articles.

PYELITIS; ITS DIFFERENTIAL DIAGNOSIS.*

By Mahlon D. Ogden, M. D.,
Little Rock.

In considering the subject of pyelitis, it is my purpose in this paper to bring to your attention the close resemblance of the clinical symptoms of inflammation of the pelvis of the kidney to some of the more common diseases and to their differential diagnosis. For obvious reasons, I exclude from this discussion the consideration of cases of calculous and tuberculous pyelitis, as they usually have a different symptomatology, but will consider only those forms caused by pyogenic organisms, especially the bacillus coli.

I will not attempt to cover all of the forms of pyelitis, such as those associated with appendicitis, tonsilitis, rheumatic fever, etc., but will limit the discussion to the more common forms, with cases illustrative of each.

Gastro-Intestinal Disturbances.—This condition is especially simulated in the infantile cases of pyelitis. Pyelitis is not an uncommon occurrence in infants, being more frequent in girls than in boys, and often begins in or about the second year. Bacilluria often precedes the pyuria in these cases. The symptoms are best illustrated by the following case:

Girl, age three, had been suffering for eighteen months with recurrent attacks of vomiting and fever, coming on without apparent cause at intervals of several weeks and lasting from four to five days. There was no diarrhoea, and repeated careful physical examinations, with inspection of the stools, were negative. Blood smear was negative, but no white count was made. For about a year I was at a loss for a diagnosis, when I happened to see an article on the frequency of pyelitis in little girls. It immediately occurred to me that I had not examined the urine of this case microscopically, which I did in the next attack, and found a large number of pus cells and some blood. There were no casts, and under appropriate treatment the attacks ceased.

This case also brings to our attention the necessity of a microscopical examination of the urine in addition to the routine chemical one, as the pus is not always apparent in the gross specimen.

Malaria.—There are, perhaps, more diagnostic sins committed in the name of malaria in this section of the country than in any other disease.

Biliousness, tuberculosis, typhoid and others are frequently paraded under the general term malaria, applied both by the medical profession as well as by the laity, until heroic doses of quinine are found to have no effect on the course of the disease or the symptoms become more typical or severe. Pyelitis is not only no exception to this condition, but is a glaring example on account of the recurring chills and fever and malaise which characterize it, as the following case will illustrate:

White male, age forty, had been having chills and fever for the past eighteen months, at intervals of about four to six weeks. He assumed that it was malaria, and consumed large quantities of quinine and of the various chill tonics with no beneficial results. There were no symptoms referable to the kidney. On making a blood examination for malaria parasites, I found none, but there was a leucocytosis. The physical examination being negative as to

*Read in the Section on Surgery of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

the site of the infection, the urine was next examined, with the result that pus and bood were both found; no casts. Additional questioning brought out a history of left renal pain, with its characteristic distribution, about six months previously, and frequent micturition following the chills. The *x*-ray failed to reveal a stone.

Typhoid.—When pyelitis assumes a more remittent form, and the fever becomes more or less continuous, it must then be differentiated from typhoid in the absence of local signs, as in the following case:

White male, age twenty-four, had been sick for past eight weeks with "typhoid" fever, but had had many chills during the attacks. No Widal had been made and the urine had not been examined. The blood examination showed a leucocytosis and the urine a large amount of pus. Physical examination revealed a slight bulging in the right lumbar region (the patient was very much emaciated), and a diagnosis was made of perinephritic abscess, which was confirmed by operation. The pelvis of the kidney was the starting point of the infection, which then spread to the surrounding tissues.

I recall another case in a white female, age fifty, with a history of having had "typhoid" twice in one year, each attack having a duration of about seven weeks. Examination revealed a mass in the right region of the right kidney and pyuria. There had been some pain in the right side of the abdomen, which had been attributed to typhoid ulceration in the ileum. The Widal was negative, and the leucocyte count 16,000.

Cystitis.—When the local symptoms of pyelitis, such as lumbar pain, frequent or painful micturition, are prominent, it is most liable to be confused with cystitis or urethritis, and treatment thus directed will be ineffectual. An especially confusing case was the following one:

Female, age twenty-five. Acute Neisserian infection of vulva, Skeen's and Bartholin's glands and cervix, accompanied by all of the classical symptoms and diplococci in the pus. The usual treatment was applied, resulting in the disappearance of all local symptoms, such as discharge, pain, etc., with the exception of frequent micturition, which was very annoying, and which no local treatment seemed to relieve. About ten days after it was no longer possible to find diplococci in the discharge, the patient had a violent chill and a temperature of 104 degrees, with pain in the right kidney. Urinary examination showed pus and blood and colon bacilli. Both ureters were then catheterized through the cystoscope, which revealed a normal bladder, normal urine from the left kidney, and the purulent urine coming from the right ureter. An ureteral catheter was passed up into the pelvis of the right kidney, which was washed out with nitrate of silver solution. The temperature promptly subsided, and all symptoms improved, but recurred about the fifth day, when the pelvis was again irrigated, with the result that all symptoms disappeared permanently. The interesting, and from a diagnostic standpoint confusing, feature of this case was the presence of an external Neisserian infection and a colon bacillus pyelitis.

The last case I will cite had also been diagnosed as cystitis. Female, age twenty, had been suffering for past two years from painful and frequent micturition, for which every known local treatment had been applied, with no relief. Urinary examination showed pus and blood, and the cystoscope showed pus coming from the left ureter. The pelvis of the kidney was washed out with nitrate of silver solution and a cure obtained. Prior to the cystoscopic examination there were no symptoms in this case that would indicate that the trouble was in the kidney, and without the cystoscope it would have been impossible to determine which kidney was involved.

Puerperal Fever.—Pyelitis is a frequent complication of the puerperium, and is undoubtedly responsible for many cases diagnosed as puerperal fever. The local symptoms are generally found to be present when looked for, but are very often overlooked in the presence of chills and fever in this anxious period.

Frequent or painful micturition is one of the most constant symptoms of pyelitis, and when present, pyelitis must be excluded before a diagnosis of cystitis can be made, for the bladder is often infected secondarily from the kidney. Hydronephrosis is the only acute condition of the kidney which is not accompanied by frequent micturition.

There may or may not be pain in the kidney, and when present it may serve to direct the attention to that organ.

There are some cases of pyelitis which are not accompanied by pyuria, but have a bacilluria instead, which becomes apparent only on microscopical examination.

It is only during the past few years that we have begun to recognize the frequency of the occurrence of pyelitis, and the more we learn about the disease, the stronger becomes the conviction of the absolute necessity of a white blood count and a microscopical examination of the urine in all febrile diseases of doubtful origin, as well as in cases of cystitis which do not respond to local treatment.

The cystoscope is invaluable in the diagnosis and treatment of these cases. It demonstrates or excludes a cystitis in the presence of local symptoms, and indicates which kidney is involved in the absence of renal pain, and, finally, through irrigation of the pelvis of the kidney, affords us a method of treatment which is often efficacious when internal medication fails. These are, of course, the uses of this instrument as regards pyelitis, which is but a very small part of its field of usefulness.

Conclusions.—In all doubtful febrile cases, a white blood count and a miscroscopical examination of the urine should be made.

In all cases of apparent cystitis which do not yield to local treatment, a cystoscopic examination should be made.

DISCUSSION.

Dr. Carmichael (Little Rock)—I enjoyed the paper very much, especially the fact that he laid great stress on a microscopical examination of the urine in all obscure cases (and all these cases are obscure), especially in children, and the fact that he emphasized the importance of a blood count, especially of the white cells. I have had under observation three or four cases of children where clinically the symptoms pointed strongly to malaria, and an examination of blood smears, together with a blood count, would absolutely contraindicate a malarial infection. I remember last year of having a boy about six years old that started in with a chill, temperature and sweats, just typical of a tertian infection. I waited twenty-four hours after the first chill, and made an examination of the blood just from a smear and failed to find any malarial organism, tertian or otherwise, but noticed in that smear that he had quite a lecuocytosis. Of course, from the smear I could only approximate, but noticed that the polymorphonuclears were greatly in excess. Then I made a total count and found about 22,000 white cells. That would contraindicate uncomplicated malaria. The fact that you have, and do often have, localized infections complicating malaria, I do not think such finding would necessarily exclude malaria. But I waited a while, and he continued to have his chill, his fever and his sweats, and no symptoms that pointed to any kidney or bladder irritation or infection, until about the fourth day. Then I got a history of his having fallen across a little tricycle that he had ridden, and struck himself in the anterior lower abdomen; but there was nothing to show for that except just what the mother told me. About the fourth day he began to complain of some pain in his right lumbar region, and I noticed a bulging there. Up to that time I had not examined his urine, but I had made in the meantime several examinations of blood smears and made a Widal with negative results. I examined the urine, and there was not enough pus in that to be apparent to any chemical test; but on a microscopical test I found a number of pus cells and some bacilli, and a culture test proved it to be the colon bacilli. The diagnosis then proved to be pyelitis of the right kidney.

I had another case of an adult that had a gonococcic infection for some twenty years, and would have an attack of occasional pain which would come on with no regularity; that is, there was no certain time as to the recurrence of this pain in his back, but his urine would be perfectly clear except a few mucous shreds, until he would have this pain in his back; immediately following that pain he would expel a great quantity of pussy urine that was apparent to the naked eye. I thought perhaps it was mostly imagination on his part. Finally I got him to come to the office immediately after one of these severe attacks of pain in his right kidney or the region of his right kidney. I had an opportunity to observe the urine just a little while before that and it was practically normal to all appearances to the naked eye; no albumin on chemical test. But in thirty minutes after the onset of this pain, he would expel a great quantity of urine, and half of it was pus. After it settled in a vessel a little while it would be nearly half pus. Examination of these smears, together with the culture test, proved that to be a simple gonococcic infection, not complicated with anything else. Vaccine in that instance produced a cure in about a year's time. The only reason I know for taking that long to effect a cure in that instance was the fact that it did not make a good vaccine. I really believe now that the vaccine was overheated and had no therapeutic value. I was giving him at the latter part of this treatment almost live micro-organisms, because I had made them and heated them to a certain point; finally the last vaccine I made for him I only heated it to about 54 c. I gave him that and it produced quite a reaction, and it did so every time I would give him a dose. It only required a few doses for a complete cure. I say a complete cure from the fact that it has been three years and he has not had a recurrence, and he has not had pus in his urine. It has been absolutely free from pus cells, no more than you will find in a normal urine of a centrifugal specimen with the microscope. He has had no pus cells on a microscopical examination. I believe a microscopical examination should be made in children regardless of its apparent obscurity, just the same as we examine the ears by artificial or reflected light. I do not think we should neglect to examine any child's ears where he was having temperature of any nature, because oftentimes otitis media will sooner or later be treated for malaria, and I believe this is one condition that is made worse by quinin. I believe quinin in heroic doses in pyelitis will not do it any good, and quinin is a kidney irritant.

Dr. Gibson (Little Rock)—I would suggest one amendment to Dr. Ogden's paper. He says, in his

conclusion, that in all fevers of doubtful origin a blood count should be made and a microscopical examination of the urine should also be made. I would suggest that he leave out the word "doubtful," because they are all doubtful until that is done.

Dr. Cooper (Fort Smith)—It seems to me that the important part of Dr. Ogden's paper has been touched but lightly. As I take it, his paper treats of bacillus coli infection of the urinary tract, particularly in young females. I do not believe it necessary to make a blood count for a diagnosis. If you have a history of chills or fever, irregular fever not accounted for by malaria, typhoid or other diseases, the urine should be examined for bacillus coli. The urine in bacillus coli infection is usually intensely acid. Dr. Ogden did not say anything about the treatment; I suppose he will before he closes. A year ago I reported a number of cases of bacillus coli infection in children and adults that recovered promptly from the administration of benzoate of soda and urotropin.

Dr. Bransford Lewis (St. Louis)—I am very sorry to have missed hearing the reading of the paper. I was called elsewhere for the time being and did not hear just what points were brought out. Pyelitis is a very large term, and very comprehensive in its nature, and I believe that before one can discuss it with much profit one has to appreciate that fact. It comes from a large number of different conditions that have to be analyzed and differentiated before one can get a correct conception of any one case. Just for illustration, pyelitis that comes from tuberculosis of that kidney is not amenable to the treatment that would be proper for pyelitis that comes from obstruction or the presence of a stone in the ureter or the kidney pelvis or kidney. Just so different and diverse are these cases of pyelitis that in order to meet a case properly, one has to make a differentiation between all of the different conditions that cause the inflammation of the kidney pelvis. The question is, How are you going to arrive at that diagnosis? I don't believe that an examination of the urine just by the microscope furnishes a man with the ability to make a diagnosis of pyelitis. I don't know if any such declaration was made here in the paper, but I know it is made by some gentlemen. Dr. Heitzman of New York claims that he can look at the sedimented urine and tell from what part of the urinary tract any epithelium comes from that he finds there. I think it is such a very fine-haired method of doing it that I don't believe it applies to us ordinary mortals. Hence, I don't believe it's a useful method for doctors.

Now, one has to get the definite evidence to say whether pus in the urine comes from the pelvis of the kidney or from the bladder or from the ureter. These are definite points to attain, and you must learn with positiveness whether it does or does not come from these places.

What are the methods that enable one to determine this thing? Not by the symptomatology. I think the symptomatology is just as hard to rate and secure a differentiation as looking through a microscope at the sedimented urine. Many cases of suppuration in the kidney have no symptomatology. I have seen the kidney absolutely destroyed by stone, with never a symptom. In other cases there has been a pronounced symptomatology referable to one kidney, when the other kidney was the diseased organ; the one in which there was pain was the healthy kidney. I know a number of such cases; that is not anything unusual or remarkable. It is comparatively common for the pain to be transferred from the diseased side into the healthy side, and if you read that symptomatology alone you are going to be misled.

There is another symptomatology that confuses in these cases rather than giving a clear line to diagnosis; that is the symptomatology that is mixed up between the right kidney and the appendix. I have seen cases where the appendix had been removed because of pain in the right side, yet that did not stop the pain because the trouble was in the kidney pelvis of the right side. Again was the symptomatology thus false and misleading, and led the doctor into serious error in taking out the appendix when the trouble was in the kidney pelvis. What's the lesson from this? The lesson, to my mind, is to throw out of calculation this misleading symptomatology, and reduce your investigation to the simpler, direct and practical modes that say whether it is or is not so-and-so. Take your cystoscope, run two catheters up into the two kidney pelves. Down comes a purulent urine from the left side, and clear, healthy urine from the right. You have got before your eyes direct evidence of pus urine from your left kidney. Now, if that pus urine contains tubercular bacilli, you know exactly where it comes from, and you know what's the cause of your trouble. There is no argument possible, nothing can be said against it. If it contains colon bacilli, you know there is a colon bacillus infection of the kidney pelvis on the left side. If gonococcic, you are equally positive and clear. So you have your differentiation complete, tangible and in a way that you can make use of it. If you have only a colon bacillus infection, you don't want to take the man's kidney out; you want to apply your medication through your catheter, such medication that will kill the colon bacillus. If tubercular bacilli come down from your left kidney pelvis, such medication will practically do no good and a nephrectomy may have to be done. If pyelitis is from the presence of a stone in the kidney pelvis, or in the kidney, then you don't necessarily do a nephrectomy. You don't expect to cure him in a hundred years by the use of irrigation, but go in there and take the stone out and then bring about in a cure in that way.

So these things are reduced by simple methods that are direct and that are tangible and within reach of those who practice them to bring about a cure. Based on what? Only on a diagnosis that is arrived at by physical examination.

Dr. Hoge (Fort Smith)—Another point in diagnosis, in addition to the finding of pus and colon bacilli in the urine, is the highly acid character of the urine. An increased acidity of the urine is practically always found in the presence of a colon infection of the urinary tract, and this is a diagnostic point of importance.

I would like to endorse the methods used by the essayist in differentiating the different fevers and the colon bacillus infection of the urinary tract.

As regards treatment, the essayist will probably take that up in closing the discussion, but Stone reports good results by the use of large doses of the alkalies. Koll (American Journal of Urology) has reported forty-two cases in which he used a solution of aluminum acetate as local treatment with remarkable results, there being an absolute recovery in every instance. Urotropin has also been highly lauded and may be used satisfactorily in the treatment of these infections. But a case treated by any one or a combination of these measures will respond readily to treatment, and in a very gratifying length of time. Recognition of the condition is the prime requisite.

Dr. Meek (Camden)—How do you use the aluminum acetate?

Dr. Hoge—A two per cent solution locally as an irrigation.

Dr. Pettus (Little Rock)—There is one simple suggestion that I might make in connection with the diagnosis. The beautiful scientific side of diagnosis in this has been considered. I simply want to make a suggestion that I think would be timely in that this is a disease that exists much more frequently than is supposed, and its symptoms, as Dr. Ogden has so aptly suggested, are rather insidious. A microscopical examination of the urine on all occasions is not very convenient for several reasons. We all cannot become pathologists, and in many instances we have a patient who is not able to afford such an examination and some who are not in reach of a pathologist. But there is this suggestion, that in all cases a urinalysis should be made of all patients, and wherever albumin is found that should demand a further investigation of this urine, because invariably where we find pus in the urine we will find albumin. Dr. Carmichael has said that he has seen cases in which no evidence of pyelitis could be demonstrated from the urine, but that is rarely the case. The ureter can peculiarly accommodate itself to the elimination of pus within the pelvis, and for that fact it is the rarest thing that pyelitis exists without there is pus in the urine, and this chemical analysis of the urine can be made by all doctors, and I certainly think wherever there is albumin in the urine it demands a further investigation, such as a microscopical examination.

Dr. William Britt Burns (Memphis)—I want to thank Dr. Ogden for his paper, and for bringing up this very interesting subject—one that requires a good deal of patience and knowledge to handle. I agree with what the doctor said. I have nothing in particular to add. I want to say, however, that I do not believe what Dr. Lewis says about these things being simple. I have seen Dr. Lewis do these things, and they did not seem to be so awfully simple to him, although he does them, and he does them well. But it is not a simple proposition to catheterize the ureter. It is not always without some danger. Of course, those who are going to use uretal catheterization are going to have sufficient knowledge to not infect an uninfected ureter, and so on. I have done some of this work myself, and I know it's hard to do, and it is awfully painful in the male. That is no argument, however that it should not be done; but it is not simple.

Dr. Ogden (Essayist)—I am glad Dr. Lewis was not here to hear the paper, because he confirmed everything I said. For his benefit I will state that I did not include the calculous or tuberculous pyelitis in the discussion, but took up the case as it comes first to the general practitioner and not to the expert cystoscopist or G. U. man, the man that is called to see the case, maybe a child or maybe a grown person, with fever. As I mentioned, it is only in the last few years that we have begun to recognize the fact that when we have to diagnose a febrile case, we have to take pyelitis into consideration, and we have to exclude it before we can make a positive diagnosis of some other condition. Half of my conclusion to the paper was relative to the value of a microscopical examination of the urine and the white blood count; the other half was relative to the use of the cystoscope in the localization as to which kidney is involved and the exclusion of cystitis and the differentiation of pyelitis. As I mentioned, I think it is imperative.

As to one point in the microscopical examination of the urine, I agree thoroughly with Dr. Lewis in that I don't think it is possible by examining the epithelia to determine from which point in the urinary tract that epithelia comes. But there is one point in it that gives rise to a strong suspicion, and that is, if you find these tailed epithelial cells and find them in clusters, the chances are you have pyelitis. It is not pathognomonic. If you find the tailed cells by themselves, they may come from the deeper layers of the ureter or bladder. But if you find the tailed cells in clusters, it is the strongest suspicion you can have without absolute confirmation, that you have pyelitis in the presence of other symptoms. You can take the whole picture together.

I differ from Dr. Pettus on the albumin. The majority of cases of pyelitis that I have seen did not have albumin in the urine, but had pus; the pus in too small a quantity to show albumin on the use of Heller's test in the routine examination for it. It was because of that reason that I laid especial stress on the microscopical examination of the urine in addition to the routine chemical one in a febrile case.

I did not go into the pathology of pyelitis, the different forms of organisms that cause it, and their modes of infecting the kidney, whether the majority of them are hematogenous infections or infections of the colon bacilli from direct migration. My paper, as Dr. Cooper said, was simply to emphasize the point and the picture that pyelitis first presents to the general practitioner. I did not go into the treatment, for the same reason. I have used urotropin and the potassium citrate. I haven't used aluminic acid. I have washed out the pelvis of the kidney with nitrate of silver, solution, of various strengths. I gave 1:1000 and got a chill one day, and dropped back to a little weaker. I don't think that the irrigation of the pelvis of the kidney will cure all cases of pyelitis. I am speaking of these colon and tubercular infections. I have one case in which I am trying an autogenous vaccine. I don't know whether that is going to cure it or not. Still, I have not been treating pyelitis for enough years to judge; but, extending over a great many years, the reports from some of the others are rather optimistic. As to the ultimate cure of some chronic cases of pyelitis, Guiterias reports he has been treating some of them for six years and they are not well and show no prospects of getting well.

Make a diagnosis, even if you have to do a postmortem to do it. Any of us can treat them. If we do not think we can, we can get it out of the text-books, just so we are sure we are treating pyelitis and not cystitis, typhoid, malaria or puerperal fever.

VITAL STATISTICS.*

By F. L. Watkins, M. D.,
Jackson, Miss.

So far as I know, the state of Arkansas has the unique distinction of being the first state to attempt the registration of births

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and deaths at the same time that it begins its public health work.

Dr. Arthur Newsholme defines vital statistics as "the science of numbers applied to the life history of communities and nations." This subject includes births, marriages, deaths and sickness.

There has not been very much interest displayed in this subject until the last few years. The first Southern states to adopt a law for the registration of births and deaths were Alabama and Maryland. The law in Maryland proved unsatisfactory, and was amended last year to conform to the model law. The results obtained under the Alabama law are not what they should be, but no attempt to amend it has been made so far. In 1909, Missouri enacted the model law which had given such excellent results in Pennsylvania and Ohio. The next year Kentucky adopted the same measure. In 1912 Virginia and Mississippi followed in the same footsteps. This year a registration law was enacted in this state and Tennessee. Judging from the results that have been obtained in Kentucky, Maryland, Mississippi and Virginia, there is every reason to believe that every Southern state that attempts registration of births and deaths under the model law is assured of success, provided that sufficient appropriations are made for carrying on the work.

In speaking of the model law, I refer to a bill that has been drafted by men who have had years of experience in registering births and deaths. This bill has been approved by the American Medical Association, the American Public Health Association, the American Bar Association, the Bureau of the Census, and many other organizations, including the Southern Sociological Congress, which met at Atlanta last month.

It is the purpose of the law adopted in this state to obtain information only of births and deaths. Taken all in all, these two are the most important. The first question that presents itself to us is, why is this true? The registration of births is necessary for the purpose of identification, the establishment of school age, age of consent, prohibition of child labor and the prevention of infant mortality. The necessity for the registration of births and deaths was all the more forcibly brought before us by the establishment of a children's bureau by a recent act of Congress. Miss Julia Lathrop, a woman of wide experience, was made chief of this bureau, and, after looking carefully into the work that was required, finally decided that the foundation of her labors must rest in the registration of births. Her first act, therefore, was the publication of a monograph on birth registration.

We should require the registration of deaths in order that we have accurate information as to the death of all of our people, and that public health authorities may adopt measures that will prevent many of the deaths that unnecessarily occur. An accurate record of a death is often required for the settlement of an estate, securing insurance or obtaining a pension. Many instances are on record where some family or individual was deprived of money through the failure to have an official record of a birth or death. As Americans, we are proud of many of our institutions, but it is only with chagrin that we look back upon our ignoring the necessity for keeping a record of our people. Vital statistics has been referred to as "the bookkeeping of humanity." No business concern would think of commencing a business without opening a set of books, that they might have a record of each transaction. Yet the different states of the Union have been going on in this unbusinesslike manner by appropriating sums of money each year for the conservation of public health. After the expenditure of these appropriations, not even the men having expended the money would be able to prove conclusively that it was well spent unless he could show a reduction in the number of cases of preventable diseases and a decrease in the death rate.

We have learned from the records that have been kept in certain states and cities making the registration of deaths compulsory, and which has been known as the registration area of deaths, that the average age of life has been extended during the past two decades. The number of deaths from cancer, heart disease and certain diseases of the kidney have shown an increase during this time. In spite of this increase of the number of deaths from these causes, a sufficient number of deaths among infants have been prevented to bring about an increased average age at death. A large part of the deaths that have been prevented among infants have been due to the activity of the health authorities in the cities. This has

been accomplished by improving the water and milk supply and in the instruction of mothers in the feeding and care of their babies. The quarantining of certain cases of sickness and the fumigation of homes in which sickness or death from certain causes have prevented the spread of many communicable diseases. The people living in the country are entitled to the same amount of care and protection as those in the cities. This cannot be brought about until a record is made of the causes of death occurring in the different communities, whereby the foci of certain diseases may be located. Then the proper measures for preventing the recurrence of these diseases may be adopted.

To insure the registration of births and deaths, the following requirements are essential:

(1) It is necessary that they be registered immediately after their occurrence, upon blanks requiring certain information. Burial permits should be issued upon the filing of the proper certificates of death, and no body should be permitted to be buried, or otherwise disposed of, until a permit has been issued by the proper authorities, usually designated as local registrars.

(2) A local registrar should be appointed in each community, and should be so located that it will be convenient for the people to file a certificate of birth or death that occurs within his jurisdiction.

(3) The responsibility for reporting each birth and death should be placed on some individual.

(4) Local registrars should be under the direct control of the central office.

(5) All reports of local registrars must be made direct to the central office.

(6) Penalties should be provided and enforced.

All of the above requirements have been provided for in the law of this state. I believe that I can say without fear of contradiction that Arkansas has the best registration law of any state in the Union. For the information of those present, I desire to take up the main features of the law as adopted by this state. It first provides that the registration of births and deaths shall be under the direct supervision of the state registrar, who is secretary of the State Board of Health.

Registration District.—Each city, incorporated town and township constitute a primary registration district, and the State Board of Health is authorized to appoint some person in each of these to act as local registrar, whose duty it shall be to receive the certificates of birth and deaths and issue burial permits. Each birth and death must be reported to the local registrar of the city, incorporated town or township in which the birth or death occurs.

Births.—The responsibility for reporting a birth is placed upon the physician or midwife in attendance. "If there be no physician or midwife in attendance upon a birth, it shall be the duty of the father or mother of the child, the householder or owner of the premises where the birth occurred, or the manager or superintendent of the public or private institution where the birth occurred, each in the order named, within ten days after the date of such birth."

Deaths.—In case of a death, the body shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of until a certificate of death has been filed with the local registrar and a burial permit obtained. The responsibility for reporting a death is placed upon the undertaker or person acting as such. The person acting as such would be any person having charge of the burial when no regular undertaker was employed.

In order to obtain a complete certificate of death, it is necessary for the undertaker or person acting as such to ascertain the place of death, full name of the deceased, sex, color or race, conjugal condition, date of birth, age, occupation, birth-place, name of father, birth-place of father, maiden name of mother and birth-place of mother. All such information should be obtained from some person having a knowledge of the information required, and should be filled out on the form of death certificate provided for that purpose. Such information should be given over the signature and address of the informant.

After obtaining the information required over the signature of the informant, the undertaker or person acting as such presents the certificate to the physician last in attendance, who is required to state the date of death, time last seen alive, and the cause of death, with contributory (secondary) cause of complication, if any, and duration of each. All such information shall be given

over the signature and address of the physician.

In case of any death occurring without medical attendance, it shall be the duty of the undertaker to notify the local registrar of such death, and when so notified the registrar shall, prior to the issuance of the permit, inform the local health officer and refer the case to him for immediate investigation and certification; provided, that when the local health officer is not a physician, or when there is no such official, and in such cases only, the registrar is authorized to make the certificate and return from the statement of relatives or other persons having adequate knowledge of the facts.

If a death occurs without medical attendance, where there is reason to believe that the death was due to an unlawful act or through neglect, it then becomes the duty of the local registrar to notify the coroner, in order that he may investigate and certify the cause of death, over his signature as such official.

After obtaining the medical certificate as hereinbefore provided, the undertaker must, in the space provided for that purpose, state the place and date of burial, over his signature and address. The certificate is then presented by the undertaker to the local registrar of the city, incorporated town, or township in which the death occurred.

When the certificate of death has been completed, giving all of the information required, or satisfactorily accounts for any omission, the local registrar is required to issue a burial permit.

The undertaker presents the burial permit to the sexton or person having charge of the burial ground in which the interment is to be made. In case there is no person in charge of the burial ground, it then becomes the duty of the undertaker to state that fact across the face of the burial permit, and within ten days return it to the local registrar of the district in which the interment is made.

Local Registrars.—All certificates of birth and death filed with local registrars are copied in a record book provided for that purpose, and on the tenth of the month all original certificates of birth and death that occurred during the preceding month are transmitted to the State Board of Health.

The local registrar is entitled to a fee of twenty-five cents for each complete certificate of birth and death filed with him, properly copied and transmitted to the State Board of Health.

State Board of Health.—The State Board of Health is required to file the original birth and death certificates in a systematic manner and permanently preserve them. In order that any birth and death certificate may be easily located, a continuous card index system is to be maintained.

As stated before, Arkansas has the best registration law in the country, and with the co-operation of the people, especially the profession of this state, the able secretary of your State Board of Health and State registrar of vital statistics will place this state in the front ranks of registration states.

AN INQUIRY INTO THE PATHOLOGY OF DYSMENORRHEA.*

By C. S. Pettus, M. D.,
Little Rock.

As menstruation is the requisite to dysmenorrhea, I am in keeping with my subject to first review its physiology. Some contend that it is dependent upon ovulation and coincident with it; some contend that ovulation and menstruation are two entirely independent functions, and the discharge of the ovum may take place at any time without any reference to the act of menstruation.

The corpus luteum is thought to govern the act of menstruation, it being a secretion whose function is that of stimulating the mucous membrane of uterus to receive the ovum and foster its further developments.

Its connection with the Graafian follicle is exceedingly interesting, the yellow substance of which the corpus luteum consists being a growth from the inner surface of the ruptured follicle. In every case in which an ovum escapes, the first changes of the internal coat of the Graafian vesicle in the process of formation of a corpus luteum seem to occur. In the event the ovum is not impregnated, the growth of yellow substance proceeds no further than the formation of a thin layer, which shortly disappears. Should the ovum become impreg-

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nated, the growth of the yellow substance continues during nearly the whole period of gestation and forms a large corpus luteum commonly described as a characteristic mark of impregnation.

The corpus luteum undoubtedly plays an important part in menstruation. Quoting from Sajous: "The consensus of opinion at the present time is that the internal secretion of the ovary is produced by the corpus luteum. The function of the corpora lutes in the early stages of their life is to initiate growth processes in the uterine cavity by means of this internal secretion, and subsequently to preside over the nidation and development of the ovum, and the cycle ingorgement preceding menstruation. The recent labors of Fraenkel confirming his previous investigation have strongly sustained the internal secretion theory, and its controlling influence over the above function. He found, moreover, that the therapeutical value of corpus luteum was limited to cases presenting symptoms of vaso motor origin due to absent or deficient ovarian activity. This coincides with the earlier conclusions of J. G. Clark that the office of corpus luteum was, among others, that of preserver of ovarian circulation."

This somewhat agrees with the theory of Dr. Robert T. Morris in saying, "Menstruation seems to be conducted as the result of the influence of corpus luteum, internal secretion upon pelvic ganglia, and upon the intimate ganglia of the uterus; perhaps also upon the larger sympathetic centers. It is the hormone secreted from this corpus luteum, apparently, which furnishes stimulation for the process of menstruation."

The exact relation between the discharge of ova and menstruation is not clear. Observations made after death, and facts obtained by clinical investigations do not support the view that ova were discharged toward the close, or soon after the cessation of a menstrual flow, as was at one time thought. Rupture of a Graafian follicle does not happen on the same day of the monthly period in all women. It may occur toward the close, or soon after the cessation of a flow; however, only in a small minority of ths subjects examined after death was this the case. On the other hand, in almost all such subjects of which there is record, rupture of the follicle appears to have taken place before the commencement of the catamenial flow. Moreover, the customs of the Jews—a prolific race, to whom, by the Levitical law, sexual intercourse during the week following menstruation was forbidden—militate strongly in favor of the view that conception usually occurs before, and not soon after a menstrual epoch, and necessarily, therefore, for the view that ova are usually discharged before the catamenial flow. This discharge consists of blood, epithelium and mucus. The flow is preceded by a general ingorgement of all the pelvic organs. The uterine mucous membrane is swollen, and the glands are elongated and tortuous. The discharge of blood, the source of which is the mucous membrane of the body of the uterus, is probably associated with uterine contractions. There is a difference of opinion as to whether or not any of the uterine mucous membrane is normally shed during the process of menstruation.

That the process of menstruation is controlled by the nervous system cannot be contravened. From the hypogastric plexus comes the pelvic plexus, which arrives from the mesenteric gangalion, giving the uterine plexus, which accompanies uterine arteries to the side of the organ between the layers of the broad ligament, and are distributed to the cervix and lower part of the body of the uterus, penetrating its substances, other filaments pass separately to the body of the uterus and fallopian tubes. Upon these filaments ganglionic enlargements are found; the uterus also gets nerve supply from the third and fourth sacral nerve. The ovary is supplied by the ovarian plexus having its origin from the same source as the uterine plexus.

The nerve supply of rectum, bladder, uterus and appendix is closely allied with that of the reproductive organs. The nervous centers for micturition, erection and emission have been found to be in the lumbar enlargement of the spinal cord. The connection of reproductive organs with mammary and thyroid glands is not thoroughly agreed upon. It is thought to be under the regulating control of the central nervous system, either through secretory, or more probably vaso-motor fibers. During menstruation there is often a greater tenderness or sensibility in the mammary region, and the changes which the breasts undergo with approaching motherhood are so distinctive that a first pregnancy can usually

be detected in the tissue about the nipple before the condition is positively manifested elsewhere. Starling and Lane Claypon, by experimentation, were convinced that the bond of connection is established merely through the blood rather than the nervous system.

Notwithstanding that most women are warned of the approach of the menstrual flow by some nervous disturbance, for just before and at the time of the normal menstrual period there is a certain amount of vascular and nervous tension throughout the body, which manifests itself by a tenderness and fullness of the breasts, with certain feelings of malaise nervous excitability, etc., undoubtedly menstruation was intended to exist devoid of pain. The presence of pain suggests morbid anatomy somewhere. I wonder if the real pathology is not found less frequently in the uterus than in the adjacent organs; if the degree of pain, or the beginning of pain at any particular time of menstruation, has much to do with determining the parts involved, as has been suggested. The fact that pain is generated by a special neural mechanism possessing specific nerve terminals, and occurs when, from some cause, these nerve endings are stimulated, and an excess of blood in a given region provokes suffering, and its intensity varies with the degree of local congestion, will justify the skepticism of the uterus playing the predominating part in producing pain during menstration.

The many causes attributed to dysmenorrhea, such as mechanical, mal-development of reproductive organs, mal-position, tumors of uterus, general ill health, pelvic inflammation, and the theory of nasal dysmenorrhea, in that certain cases could be relieved by application of 2 per cent solution of cocaine to the so-called sexual spot in the nasal membrane. The causes could be reasonably well expressed, mechanical and obstruction, pathology of endometrium and reflex.

The theory of mechanical cause presupposes a constriction of the uterine canal by means of which the escape of the menstrual fluid is impeded. The constriction occuring, such as stenosis at the internal os, intra-uterine polypi, sub-mucous myoma, clots of blood or shedding of membrane and mal-position of uterus are the most common. Artresia of os or imperforated hymen is so rarely a cause, I hardly think it worth while laying much stress on it. A casual examination, which would naturally be made in all cases by the doctor, would readily concur or eliminate it.

Mal-position is really the responsible factor for the greatest percentage of mechanical causes, as it produces stenosis of internal os, which causes a kink in the cervical canal, spasm of the contraction of the circular muscle fibers at internal os. It is also responsible for a great deal of the pathology of the endometrium, in that its position interferes with uterine circulation, lessening the resistence of the endometrium, giving infection an undue advantage; also, there may be a hyperplasia of membrane, and the membrane is less staple and more readily shed. The position weakens the contractive powers of uterine muscles, giving blood the better chance to congregate within the canal and form clots. Clots may be formed as a result of there being a deficiency in the blood, of certain chemicals, among some individuals, from this, coagulation readily occurring.

In the minds of the profession, mal-position plays an important part in producing dysmenorrhea. That it is found in many cases cannot be denied; that it plays the role ascribed to it, I question.

Its responsibility for a great deal of the pathology of the endometrium has been mentioned, yet I was impressed with the idea of Dr. Robert T. Morris regarding the pathology of the endometrium in dysmenorrhea and its relation to mal-position, in which he says: "There is apt to be a pathological condition of the endometrium in most cases of dysmenorrhea, but mal-position is more apt to be caused by the coincident pathology than the pathology is caused by mal-position." Dr. A. J. Ochner says that: "In most cases there is a pathological condition of the end in presence of dysmenorrhea. This pathology may be due to an infection from the tubes, from an ulcerated cervix uteri, or from an obstruction caused by mal-position." Dr. Arthur Eltings has found hyperplasia as practically the only pathological condition of the endometrium in cases of dysmenorrhea.

Dr. Howard Kelly makes the statement that usually no change in the endometrium occurs in cases of dysmenorrhea. Dr. W. J. Mayo finds that one-half of the cases, or

less, have dysmenorrhea from a diseased endometrium.

Dr. Garland Sherrill's experience is that the endometrium is usually found to be abnormal in cases of dysmenorrhea. Dr. Wetherill is of the opinion that chronic endometritis, particularly of the portion about the internal os, is a frequent cause of dysmenorrhea.

Reflex pain, considering the nerve supply of the pelvis, is extremely suggestive. The first in order, the ovary, pathology of which is less likely to produce pain than any organ of procreative powers, the statement has the appearance of being paradoxical, in considering it is analogous to the testicle, and it is truly the organ governing menstruation. That the thickening of the ovarian capsule prevents the expansion of the ovary during the period of congestion is severely questioned. The area utilized for the maturity of the Graafian follicle, when involved, would more likely interfere with the regularity of menstruation than cause pain.

The mere involvement of the mucous membrane of the tubes will rarely interfere with menstruation; the congestion involving the muscular coat is the pain-producing factor from that source. This, I presume, accounts for my observations that gonorrhea ordinarily has little influence with menstruation, and very rarely gives rise to dysmenorrhea.

The appendix, when diseased, has something to do with influencing pain at the menstrual period, in that it receives a branch from the ovarian artery, and its intimate association with the reproductive organs offers reason for it. Dr. Robert T. Morris says: "When there is fibroid degeneration of the appendix, or congestion of the appendix, for any reason, pain in that region is increased when the pelvic ganglia are stimulated at the time of menstruation. I have found many such cases, some of which came to operation because of the increased congestion at just that time. On the other hand, presence of a fibroid appendix or of an appendix otherwise congestive will, in itself, overstimulate the pelvic ganglia in such a way as to cause dysmenorrhea. This is not always the case, but it may and does happen." Dr. Ochsner has found the pain in the appendix itself, and he has many times demonstrated in his operations a severely congestive condition of the appendix, with the ovary and tubes on the right side, which he thinks extends from the appendix and right tube.

Pathology of the rectum, such as hemorrhoids, fissures, polypi, etc., as well as of bladder, ureter, and sigmoid flexure, are due some place as a causative factor of dysmenorrhea. Adhered clitoris will interfere with menstruation, as will an involved breast.

Perimetritis and old pelvic cellular exudates do not cause dysmenorrhea, as it may be supposed; the pathology that is productive of the pelvic pathology would be the real cause of dysmenorrhea.

In the absence of any discoverable local disease of the reproductive organs whatever, we will find dysmenorrhea; while some advanced disease in the uterus and appendages are entirely free from pain in menstruation. This bespeaks despairingly of the theory that dysmenorrhea is necessarily associated with a demonstrable abnormal condition of the reproductive organs.

To summarize, there are these questions:

What is the true pathology of dysmenorrhea?

Don't we look entirely too often to the reproductive organs for its cause?

Would a more thorough knowledge of the physiology of menstruation be of aid in deriving at its etiology?

Through the internal secretion, will investigating the corpus luteum and becoming more familiar with its function give us facts which we do not have?

Knowing this condition gives more discomfort to the flower of her sex, and is responsible for more nervous manifestations than any other one disease, is it not sufficient evidence we have been derelict in our scientific attitude in deriving its cause?

Then should we not be more thoughtful of its etiology, and in every case hunt for its pathology?

DISCUSSION.

Dr. S. E. Thompson (El Dorado)—I think the paper just presented by Dr. Pettus should be freely discussed. We often get as much from the discussion as from the paper itself. The doctor should be complimented on his efforts and on his research in the preparation of his paper. It shows that he has gone into the subject with energy and painstaking.

Dysmenorrhea, as I understand it, is a symptom just as pain or fever, and not a definite pathological condition. I seriously question dysmenorrhea having a pathology per se.

Dysmenorrhea comes from the compound Greek word, meaning "difficult—a month—to flow." Our trouble frequently is to find the pathological condition responsible for this symptom. I have always thought, and it is the opinion of most authors, that dysmenorrhea is due to some abnormal condition of either the metrium, the endo-metrium, the ovaries, the peri-ovarian structures, or to some nervous or neurotic condition. My greatest trouble in dealing with dysmenorrhea has been to locate the cause producing the symptom. When we succeed in locating it, we are then in position to administer rational treatment.

Dr. Meek (Little Rock)—I think the doctor should be complimented upon the paper that he has brought before us. As I understand, the object was to locate the causes. I think he has set forth very well the various causes that help to produce dysmenorrhea. The allusion to the mechanical causes, and also the structural changes from disease, and the exciting causes that brought it about, I think it is very well to bring forward in the presentation of a paper like this. Therefore, I think the doctor has given us a very important paper on the subject.

Dr. Pipkin (Tillar)—There is very little I know about dysmenorrhea. On some occasions we find one cause, on some another, bnt we cannot always attribute it to one cause. We only have to use common sense and look into it the best we can. We find this sometimes in unmarried ladies, also married ladies. As a rule, we find under those circumstances an anemic condition of some form or other. As Dr. Meek remarked a little while ago, we do not always know just what it does come from. We have got to ferret that out, and I would like to hear from everybody here on this subject. I don't know very much about it. That is what I came here for, to learn what I can. We want to hear from everyone present. We do find those cases, I don't know just why, and we cannot learn any too much about them.

Dr. Pettus (Essayist)—Dr. Thompson is partially right in his contention that dysmenorrhea is more of a symptom than productive of pathology; he is partially incorrect in that pathology of some organ, tissue or distinct reflex connected with the reproductive organs is necessary to produce the condition. In deciding on entitling my paper, it occurred to me that etiology would be the better word, but, after deliberatiug, chose pathology. I take issue with him that this is a disease or coudition in which there is no direct pathology. I believe the concensus of opinion among authors on this subject will uphold his contentions, but it is their idea to discourage the opinion that a diseased condition of the reproductive organs per se is the seat of pathology in dysmenorrhea, as such an erroneous idea has done much harm. If we could only imagine the number of women who have been curetted, dilated and tampoued as a result of the faulty reasouing that the pathology is found only in that part of female anatomy would be surprising.

The doctors quoted, I wrote personal letters, one question asked as to the value of dilatation and curetment in treating dysmenorrhea, was condemned by everyone. One or two made the statement that in the fewest cases it might be employed beneficially, but they were so few that it could hardly be considered as a fixed mode of treatment.

There is one point I brought out that I wished to have had discussed, and that was the involvement of uterus and adenenda devoid of dysmenorrhea, and cases of dysmenorrhea in which no diseased condition of reproductive organs can be found.

I am sure that many cases of dysmenorrhea are of reflex origin, that appendicitis is one condition that causes it; I heartily concur with the theory of Dr. Morris as to how it is produced, etc.

Replacing the uterus in treating dysmenorrhea has been much resorted to; as a whole, this has given very little satisfaction as to results.

I have shortened the rouud ligaments in many cases to relieve this condition. I recall several cases in which the fundus would move on the axis of cervix like a ball, by the Wiley method would place the uterus, and it would remain in place, but to my chagrin the operation would be of no benefit in relieving the dysmenorrhea.

The sigmoid flexure in many cases, becoming diseased, has been suspected of producing dysmenorrhea. The various causes that I have enumerated certainly are to be considered, and, as the doctor suggested, dysmenorrhea may be considered a symptom, aud the pathology is likely to be found at any place. Some author has suggested that certain diseased conditions of the eye might produce dysmenorrhea.

Truly, it is a subject we cannot consider too strongly, and no case of dysmenorrhea should be looked upon lightly.

By all means, the cause should be investigated, and, if possible, determined.

THE OPTIC HAZARD IN OBSTETRIC PRACTICE.*

By William Breathwit, M. D.,
Pine Bluff.

The optic hazard in obstetric practice does not admit of a very wide range when looked at from the standpoint of causative factors. The general practitioner and internist doing obstetric work have no small duty to perform, and certainly they have a large responsibility. Mature reflection shows that no man is free of responsibility, and we doctors know that commencement day shunts us out of the ordinary hazard and places us in a position so much fuller of duty's demands than any other profession or calling that that duty and its concurrent responsibility act as a hazard to us individually, and cause a shortening of life's shadows. The obstetrician has to consider the hazard of more than one life at the same time when he engages to safely confine a woman. He must look after and consider daily the possibility of trouble to the mother and consider the results of any and all troubles the mother may have, not to her alone, but to

*Read by title in the Section on Obstetrics and Gynecology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

the other life as well. So, to consider the optic hazard in obstetric practice simply means the clearing of a pathway through the rough field of many troubles. These hazards may be summarized thus:

In case of instrumental delivery, possible traumatism to one eye. I have seen a few cases, in case of face presentation, possible traumation by hand of operator. Next would be the unexpected traumatisms, a great variety of which have been recorded. Then would come the infective conditions, and these give more concern than do all other causes, because the end results in neglected cases, which are very disastrous. Of the infections found here, the gonococcus of Neisser is the most destructive. The streptococcus and staphylococcus, singly or mixed, also creates conjunctival troubles, but rarely affect the cornea in the new-born. This summary could easily be curtailed, and for practical purposes the optic hazard of obstetric practice really resolves itself into a consideration of opthalmia neonatorum. Jaeger was, perhaps, the first one to note the possibility of eye infection by gonorrheal pus, but Peringer was first to trace the eye condition to vaginal discharge. The area in which statistics are available shows that 33 to 50 per cent of blindness in the United States is due to this cause. In the South, I feel safe in estimating 65 per cent as due to this cause. My reason for raising the estimate so high is the fact that trachoma is much less prevalent here, and, excepting the negro, our ratio of syphilitic infection is lower. So, to sum up the real causes of blindness here, ophthalmia stands out in bold relief as the one great cause.

The object of this paper is not to offer you any startlingly new method of procedure, but rather to hold out the "Lest We Forget" sign, and a hope to hold your interest long enough to provoke a free discussion of a question that needs always have a place in our mental equipment. The gonococcus is the cause in 66.6 per cent of all cases, according to Mr. Sidney Stephenson. The infection may take place before, during or after birth of child. A child has been removed by Caesarean section with fully developed ophthalmia, proving the possibility of endogenous infection, although I am free to confess that I am more or less skeptical as to this possibility, believing rather that there was, from some unknown cause, an opening in the membranes admitting infection. As a rule, the lids at birth are tightly closed and sealed by the Meibomian secretion. However, this normal condition may be broken and the lids made to open by pressure in the birth canal, so that the upper lid is made to overlap the lower and thus admit infection. Again, the sealed lids may be unbroken until the toilet is made by the nurse, and the infection be carried in at this time. There is also a possibility of the eyes escaping this period and becoming infected by carelessness of nurse in bathing, days later. This is called secondary infection. New-born children have a high susceptibility to infection of the conjunctiva for these reasons: First, absence of lachryneal secretion; second, there are no pavement cells in the conjunctiva, as in adults; third, there is an absence of leukocytes from the lymphoid tissue. In this infection the length of the incubation period bears a definite relation to the severity of the attack. The shorter the period, the more severe the attack, and vice versa. Three days is probably the end of the incubative period. In some instances, only one eye becomes infected. In such case, care will prevent infection of the other eye, but in case the second eye does become infected from the first one, it does not assume the more virulent type of the first eye, meaning that succeeding generations of the infecting agent becomes more and more attenuated. Corneal infection is probably always secondary to the conjunctival infection. Statistics indicate that the cornea becomes involved in 27 per cent of all cases of ophthalmia neonatorum. There appears to be two types of corneal ulceration—the small localized ulcer, always peripheral, and the large ulcer, including practically all of the cornea, leading to complete staphyloma. There is found a cloudiness of the cornea previous to ulceration, and unless this haze is seen early and treated heroically, corneal ulceration is sure to follow.

A series of recent cases in infancy and childhood, to which I have given close attention, and an acute observation has shown me what I believe to be the method, or, rather, the pathologic sequence leading to corneal destruction. This sequence can be summarized in two words—pressure necrosis. To illustrate: The first conjunctival abrasion will be found constantly on the

upper lid, near its ciliary margin, and this abrasion will extend until it includes the area corresponding to the tarsal cartilage, meaning that the very thin conjunctival membrane stretched across the cartilage, with but little cellular tissue beneath it, is, in the very earliest stages of the inflammation, subjected to inflammatory pressure to the extent that its capillary blood and lymph circulation are so impeded that necrosis must follow. The same anatomic relation applies to the lower lid, but the cartilage is thinner and less in area; besides, it has more interposition of connective tissue beneath. If you will observe closely, you will find a similar condition with reference to the cornea. The bulbar conjunctiva is loose and swings almost free over the globe and in the fornices, but when it approaches the cornea it is found tensely bound down at the lumbus, the two tissues either blending or losing themselves at a given point. Now, given an infection of such virulence as the one here discussed, the early manifestation is hyperaemia, pronounced chemosis, to the extent that the cornea is in a measure buried in the folds of chemotic conjunctiva, making a deep, circular sulcus at the limbus, in which is found pus and cocci. Now, add to this pressure from a thick, intensely hard upper and lower lid, so indurated that the orbicularis muscle is kept in tonic spasm. Now, do you wonder at peripheral corneal ulceration, or are you surprised to find a "steamy" or "hazy" cornea? Don't you believe, with me, that the chemosis making tension at limbus, plus pressure from indurated lids and orbicularis spasm, plus the devitalizing influence of the cocci and their chemic poison, called toxins, make for a pressure necrosis To my mind, this is the most rational sequence, and I am thoroughly convinced that this is the relation sustained rather than its being all toxic. The etiology demonstrated, the pathology satisfactorily reasoned out, the next question to consider is treatment.

It was not my purpose to devote any time to this phase of this question, but since I bring you my solution of the pathologic sequence, I must defend it with a rational treatment. Here, as in all destructive diseases, prevention should be given prime consideration. Since sociologic questions promise to assume so broad an inquiry, the horizon brightens for prophylaxis; but just yet we must treat as well as prevent. In those cases of induration of lids and chemosis of junctiva and hazy cornea, do not hesitate to divide the external canthus, and thus relieve pressure; do not hesitate to puncture the chemotic conjunctiva and relieve the tension at limbus. This character of surgical intervention, plus soothing alkaline antiseptics, alternating with 30 per cent argyrol, has proven curative for me. You will rarely, if ever, find surgical intervention necessary in the new-born, but you will in adolescents and adults. In the new-born, I confess my fondness for constant no-pressure irrigation for twenty-four hours, followed by 30 per cent argyrol and boric acid solutions. The list of useful drugs is a long one, and every man doing this character of work has his pets from the list. The non-irritating silver salts unquestionably possess rare value in treating this character of infection. I do not claim for them gonococcicidal power, but they do possess a rare deterring influence. I do not fancy, nor do I use early in these cases, silver nitrate in any strength, notwithstanding its popularity in the Eastern hospitals.

Austin Thornton, one of the best known young bankers of Atlanta, Ga., and one of the supposed Friedmann recoveries, died at Asheville of tuberculosis in the latter part of July. A newspaper report says that Thornton paid $3,500 for the injections which were made while he was staying at a hotel. The Atlanta Georgian quotes a member of the family as saying: "I am firmly convinced that the Friedmann treatment hastened Thornton's end. When he went to New York to take the injections the young man was not in a dangerous condition, still almost immediately after he left New York after the serum had been injected into him he began to grow weaker. The plague's ravages were more noticeable."—The Lancet-Clinic.

Do not let any married woman patient tell you how unhappy she is. This kind plays the devil with susceptible doctors.—Anonymous.

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Editorials.

A DESERVED APPOINTMENT.

The appointment of Dr. Leonard R. Ellis of Hot Springs to be superintendent of the Hot Springs reservation to succeed Harry Myers was received with pleasure by all who know Dr. Ellis. Hitherto a civilian has held the post, and there has been, in addition, a medical director. But the offices are now consolidated—hence the appointment of a physician.

Dr. Ellis is not an office seeker. His appointment was a case of the office seeking the man—to use the words of Cleveland. He went to Washington to secure the appointment of his friend, Walter Little, and was himself appointed. But it was not a case of Garfield's ostensible championing of Blaine's cause, away back thirty-odd years ago, nor of Bryan's championship of Bland in the convention of 1896. He had no ulterior motives. The nomination came as a surprise to him—and he declined it.

Dr. Ellis enjoys a lucrative practice. He could hardly afford to lose it for the superintendent's salary, as now fixed. Were the salary of the medical director added to that of the superintendent he might consider it. Were the salary advanced to $5,000.00 per year for the joint office, he might accept it; but none can censure him for refusing an office with double work and no increase in remuneration on account of the double duty. Meantime, Charles Russell Trowbridge has been dispatched by the Interior Department to take temporary charge of the office, Mr. Myers' term having expired.

Dr. Leonard R. Ellis was reared in Hot Springs. He is the son of a physician and an ex-Confederate veteran. He is a graduate in medicine and a Spanish war veteran. He enlisted as a member of the hospital corps, belongs to the Arkansas National Guard, is surgeon general of the United Spanish-American War Veterans and assistant surgeon general of the Sons of Confederate Veterans, besides being local surgeon for the Iron Mountain and Rock Island railroads and a member of the Masonic and other fraternities.

It is understood that Dr. Ellis' refusal of the post is not final. It is a question of salary. If the department will advance the salary for the combined offices it is surmised he may accept. If he is offered no inducement to accept, it will be a distinct disappointment.

THE FRIEDMANN TUBERCULOSIS SERUM.

Representatives from the Friedmann laboratories of New York were in Little Rock last month for the double purpose of giving second treatment to those who have received one injection in New York and the acceptance of new patients. The Board of Health refused official sanction of the treatment, but there was no way of preventing the demonstration, owing to the lack of special ordinances, such as New York has adopted.

In New York City the Board of Health took action "to prevent administration of living bacterial organisms for the prevention or treatment of disease until full and complete data regarding preparation, dosage and methods of administration have been submitted to the board and for the use of such preparation."

This rule was palpably directed at the Friedmann vaccine treatment. Dr. Friedmann's explanation, so far, is confined to this:

That the Koch lymph cultures being made through warm-blooded animals tended to aggravate rather than abate the disease. He made the same tubercular cultures through a cold-blooded reptilian in the turtle—hence the contrary reaction. Local patients treated once in New York report beneficial results. But let us remember this: That almost any change of climate, of diet, of treatment, helps the tubercular patient temporarily through his mental processes. "Believe or ye perish" was not wholly written for religionists. Confidence in your doctor carries immense weight. This accounts for the alleged cures by so-called "Science" doctors.

The Journal is not going to condemn, per se, the Friedmann serum or vaccine. It may be what we long have sought and mourned because we found it not. What the Journal does condemn is the secretiveness of Dr. Friedmann. And still more it condemns his commercialism and lack of adherence to medical ethics.

The Friedmann Institute has its faculty, and among them are physicians of repute; but it is a strictly commercial enterprise. In the vulgar vernacular, Dr. Friedmann is "out for the stuff," and he is getting it. The only way for him to get in the clear is to give every detail of his formula and why it should be efficacious. Meantime what is regarded as a fake in New York may be looked upon with equal suspicion in Arkansas, and tubercularis are warned not to place too much credence in the Friedmann agents until results are proven.

IMPORTANT—IF TRUE.

A weird story comes from Philadelphia to the effect that a new method of instructing medical students is to be tried, which will make dissection largely superfluous. A German student, it is stated, has discovered a fluid, composed of a combination of oils, which turns the flesh of a corpse into a sort of transparent jelly, enabling the students to study the veins, muscles and bones even better than when bared by the dissecting knife.

This comes under the head of "Important—If True," but the most transparent feature would seem to be that it is a transparent fake. Or perchance an error of one dot may have occurred in the transmission by telegraph, and it should read "transparent jolly" instead of "transparent jelly." It is not stated how the cadaver is treated, whether by immersion in the pickling vat filled with the wonderful fluid, or by injection into the arteries. Wonderful things have happened in the science of medicine and surgery, and other wonders may be to come, so we shall await the result of the trial with suspended judgment and bated breath. We often hear the figure of speech that one can see clear through a man—meaning his motives or mental processes. It is possible that the day has come when we may do so literally. It is possible, too, that if the cadaver be so rendered transparent, that the mystic fluid of transparency may some day be applied to the living, in which case all danger or erroneous diagnosis of disease will be removed and it will no longer be necessary to label the victim of an unnecessary operation for appendicitis "Opened by Mistake!"

WISCONSIN FALLS INTO LINE FOR RACE PROTECTION AND CRIME ELIMINATION.

Wisconsin has fallen into line with other progressive states to check the deterioration of the race. On July 25 the lower house of the legislature passed a bill requiring a certificate of health from both contracting parties as a condition of obtaining a marriage license, and examinations by a physician are required. Both houses passed a bill providing for the sterilization of the feeble-minded, epileptic and criminal insane in state and county institutions.

It is only by such heroic measures that the future well being of the race can be assured. Criminality, insanity, degeneracy, are all increasing in the ratio of population. There has been too much sentimentality about such matters. The race must not be permitted to decline for the individual enjoyment of the few who are unfit to be parents. We choose the best parent stock for the propagation of our horses, cattle, sheep and hogs, and emasculate the unfit, that they may not father a deteriorated offspring. Man alone, Nature's highest type, is permitted to multiply at random, like the weeds of the roadside. Wisconsin has made a distinct stride forward. We hope it will take another step and include in the sterilization

class not only the criminally insane, feeble-minded and epileptic in state and county institutions, but the habitual criminals as well. It seems to be the only solution of the problem of the rapidly increasing ratio of criminals to population.

The requirement of a physical examination and health certificate of candidates for matrimony is the right idea. Here, again, sentimentality has been permitted to overrule common sense. The tubercular, the syphilitic, the cancerous, and victims of hereditary diseases or tendency to disease should not be permitted to reproduce weaklings.

The layman does not realize the dangers attending indiscriminate reproduction. Thoughtful physicians, settlement workers, sociologists and criminologists know and deplore it. Max Nordan, Lombrosi and Ibsen have done a great work in calling public attention to it; but the common people do not read scientific treatises nor see Ibsen plays. The leaven works, however, if slowly, as witness the several states which have passed laws similar to those recently passed by the Wisconsin legislature. In union there is strength, but in the union of independent states there is also weakness. Residents of Wisconsin found unfit to marry and reproduce may go to another state, where such laws do not exist, marry and return to their own state, which is powerless to molest them. But, state following state, the time will come when every state will have adopted such laws, and evasion of the law will be rendered impossible. Indeed, it is not improbable at the present rate of progress that people now living may see it accomplished. God speed the day.

Personals.

Dr. Olive Wilson of Paragould is in New York City.

Dr. Sam E. Thompson of El Dorado is spending the summer at San Angelo, Tex.

Dr. C. R. Shinault and family are visiting in New York City.

Dr. A. E. Harris of Little Rock has returned from Chicago.

Dr. C. D. Stevens of Magnolia recently visited friends in Little Rock.

Dr. Robert Caldwell of Little Rock and Dr. John F. Rowland of Hot Springs sailed August 7 for Europe on the S. S. Baltic.

Dr. A. M. Zell of Little Rock will leave August 24 for Boston, where he will take a six weeks' course in the Harvard Graduate Medical School.

Drs. D. E. Stevens of Foreman, G. A. Warren of Black Rock, G. S. Brown of Conway and L. E. Love of Dardanelle visited Little Rock this month.

Therapeutic Notes.

SPIRITUS ETHERIS NITROSI.

Sweet spirits of niter is an old and well-known agent for increasing both the perspiration and the urine. It is a colorless liquid with a disagreeable, burning taste repugnant to many patients. It is a diffusive stimulant, thus being avilable where pilocarpine is impossible. Its action upon the kidneys or upon the skin is largely influenced by the manner of administration. If the patient be kept cool and the medicine given in cold water, with a free draught to follow it, the action will be diuretic. If the patient be warmly covered and the medicine be followed by warm drinks the effect will be upon the skin. In irritable bladder, scanty and high-colored urine, or dry and hot skin without internal rise of temperature, it will be found useful in doses of thirty drops (2.0 c.c.) in a tablespoonful of sweetened water.

Spirits of nitrous ether is used more frequently as a diuretic than for its effect upon the skin. It acts by lowering arterial tension, like amyl nitrate or nitroglycerin, and in their absence can be used in angina pectoris.—Southern Medical Journal.

TREATMENT OF CHOREA.

J. Comby, in Bulletins et memoires de la Societe medicale des hopitaux de Paris, February 7, 1913, points out that by giving arsenic in large doses for a short period only, therapeutic results are obtained with much less danger of toxic phenomena than when small doses are given for weeks and months. He advises the following measures for chorea:

1. Rest in bed for two weeks, with relative isolation; no playing with other children or mental work.

2. Milk diet, consisting of 200 grammes (six ounces) of milk every two hours. This facilitates the taking of the arsenic. Vegetable foods should be added after the ninth day.

3. Arsenic in the form of Boudin's solution (one to 1,000 arsenic trioxide in water), given in a flavored gummy mixture, of which one tablespoonful is given every two hours, with the milk. Each day a new mixture is made, the successive preparations containing, respectively, 5, 10, 15, 20, 25, 20, 15, 10, and 5 grammes of the Boudin solution in admixture with 120 grammes of the gummy menstruum. The entire arsenical treatment thus takes up only nine days. In children, five to seven years old, the amounts of Boudin's solution employed are reduced from the scale mentioned, ranging from three to fifteen grammes, while in those under five years the amounts are from two to ten grammes.

If vomiting should appear, the arsenic is left off for one-half to one day. If it still recurs after this, arsenical treatment should be abandoned. In this way all possibility of serious toxic effects is eliminated. Among over 300 cases treated with arsenic in the last thirty years, but one case of arsenical polyneuritis—with subsequent recovery—occurred; in this patient, a little girl seven years old, treated nearly twenty years ago, the dose of Boudin's solution had been carried up to thirty-five grammes a day. As a rule, the remedy is well borne and the effects are promptly manifested. The choreic movements stop in a week, and in two weeks the chorea is cured. Among 175 children treated since 1906, 135 were given the arsenic, the remaining forty being milder cases. The average stay in the hospital of the arsenic treated cases was twenty-eight days.

Albuminuria and very hot weather contraindicate the arsenical treatment. In hot weather the copious perspiration and diminished urinary flow decrease the tolerance for arsenic, as well as for antipyrin or any other active drug. In such periods hydro-therapy, especially the cold pack, should be relied on to subdue the nervous excitation.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

Roch, in Revue medicale de la Suisse romande, February, 1913, writes concerning a case of rheumatic fever in which, although sodium salicylate appeared at first to be giving excellent results, the pain, joint enlargements and fever later returned, the heart rate increased, and the systolic sound became muffled. Ten days' energetic treatment with the salicylate proving completely ineffectual, eight grammes (two drachms) of antipyrine were administered in two days, and the salicylate in daily doses of five grammes (seventy-five grains) resumed immediately after. The fever was thus rapidly overcome and convalescence entered upon. The return to a massive dose of the salicylate after the two days' intermission seemed to the author the essential factor in the benefit obtained. Interrupted administration of the salicylates has already been recommended for obstinate cases, and antipyrine seems especially suitable for use during the intervals.—New York Medical Journal.

American Proctologic Society.

Fifteenth annual meeting held at Minneapolis, Minn., June 16 and 17, 1913.

The president, Dr. Louis J. Hirschman of Detroit, Mich., in the chair.

Officers elected for the ensuing year:

President—Joseph M. Mathews, M. D., Louisville, Ky.

Vice President—Jas. A. MacMillan, M. D., Detroit, Mich.

Secretary-Treasurer—Alfred J. Zobel, M. D., San Francisco, Cal.

The following is an abstract of the principal papers read:

PROCTOLOGY AND PROCTO-ENTEROLOGY.

By Louis J. Hirschman, M. D., Detroit, Mich.

He stated that, "Proctology come into its own," is in reality the study of the entire intestinal tract, its diseases and their remedies. A proctologist becomes skilled to a high degree in the medical and surgical

treatment of the diseases of the lower bowel. A medical practitioner, sufficiently skilled and competent to treat diseases affecting any portion of the intestinal tract, should be competent to treat all portions. The modern proctologist, therefore, must be an intestinal surgeon. He must have some knowledge of modern views and discoveries bearing on the digestive tract, as they have a direct bearing on intestinal function and pathology. He should no more limit his activities to the rectum and sigmoid alone than does the laryngologist to the larynx, or the urologist to the urethra.

An arbitrary line of division which limits a specialist's activities to the lower six or eight inches of the colon is absurd. The proctologist has no moral right to withhold his special skill in intestinal surgery from the patient who suffers from diseases of the small intestine or upper colon. The larger problems of intestinal stasis, chronic inflammatory conditions and malignant diseases of the small and large intestines demand the best that is in every fellow of our organization. He should ever study and fathom out the problems of etiology, pathology and proper therapy.

A METHOD OF OPERATING ON FISTULA WITHOUT CUTTING MUSCULAR TISSUE.

By Rollin H. Barnes, M. D.,
St. Louis, Mo.

This method is used in those cases of fistula which involve the sphincter muscles. An incision is made external to the sphincter, similar to that made when incising an ischio-rectal abscess. Through this opening the scar tissue is dissected out up to the internal opening. An incision is then made at the skin margin, so that the middle of this incision passes through an imaginary longitudinal line drawn from the internal opening. A submucous dissection is then channeled out up to the internal opening. Gauze drainage is kept in this until the external wound is healed sufficiently. Then the submucous tract, which remains, is incised under local anesthesia. No muscular tissue having been cut, the function of the sphincters is preserved intact.

A FURTHER CONSIDERATION OF SIR CHARLES BALL'S OPERATION FOR INTERNAL HEMORRHOIDS.

By Alfred J. Zobel, M. D.,
San Francisco, Cal.

After a trial of this operation the author of the paper sums up his conclusions as to its value, as follows: That, as a modification of the old ligature operation, it is better than the latter, and at the same time is far superior to the clamp and cautery operation, in that it takes care of and avoids the recurrence of that revoluted anal skin ring which generally becomes markedly edematous immediately after these operations, leaving behind skin tags after the swelling subsides.

In every instance in which the essentials of Ball's technique have been followed out carefully the author's results have been exceedingly satisfactory.

The operation is recommended.

DEDUCTIONS BASED ON AN ANALYSIS OF 3,000 RECTAL CASES.

By T. Chittenden Hill, M. D.,
Boston, Mass.

The principal object of this tabulation of 3,000 consecutive rectal cases was to furnish data as to the relative frequency of the various affections of the rectum and colon. There was a total of 1,120 operations performed in this series, and some deductions of a practical nature were drawn from this experience. It was found that rectal ailments were more common among males than females, the ratio being three to two.

Hemorrhoids formed a large proportion, 41 per cent of the total. Next in frequency were abscesses and fistula, 18 per cent, and the remaining disorders were tabulated as follows: Pruritus ani, 8 per cent; anal fissure, 10 per cent; colitis, 6 per cent; prolapsus ani and procidentia recti, 3.7 per cent; cancer of the rectum and sigmoid, 2 per cent; benign growth, 1.5 per cent; stricture, 1.5 per cent; syphilis, 2 per cent; constipation, 2.8 per cent.

Other miscellaneous conditions were recorded which made up but a fraction of one

per cent, such as anal verrucca, congenital stenosis, patulous anus, pilo-nidal sinus, furuncles, foreign body, incontinence, coccygodynia, trauma, sigmoid, diverticulitis, etc.

Z-PLASTIC OPERATION FOR ANAL STRICTURE.

By Wm. M. Beach, M. D.,
Pittsburg, Pa.

The writer states that extensive cicatrices, resulting from trauma, and involving the partial or entire anal circumference, not infrequently resist the usual methods employed to restore the physiologic function of the anus.

He therefore employed what he terms a Z-plastic method when operating on an anal stricture. The principle underlying the procedure is the transposition of dermic tissue in such manner as to obliterate the crest of the fibrous band.

The first incision is made along the crest of such a band; then incisions are made at right angles from both ends, but running in opposite directions, thus approximating the letter Z. The flaps thus outlined are dissected up, transposed and sutured. Various modifications are permissible, according to the extent of the stricture.

SPHINCTERIC ATROPHY.

Causes, Consequences and Treatment.
By Ralph W. Jackson, M. D.,
Fall River, Mass.

Muscular atrophy about the anus produces more serious consequences than hypertrophy.

The physiology of defecation is studied, and the action of the internal sphincter and of the external sphincter and levators sharply contrasted with their different innervation. This is preparatory to consideration and classification of the causes of sphincteric disuse and consequent degeneration.

Congenital causes are found in imperforate anus and congenital ano-vaginal cloaca. Coincidental with general weakness, cases occur in infants, the aged, and the extremely ill. Traumatic causes are faults of proctologic operations and after care, or obstetric lacerations, or due to prolonged divulsion by protruding piles or procidentia. Nerve causes are primarily sympathetic as in rectal stenosis, or central as in spinal cord lesions.

Degeneration or absence of one sphincter without impairment of the other is considered.

The unhappy consequences of sphincteric inadequacy are presented.

Treatment is preventive or restorative. Neither avails much when due to nerve causes, except possibly in lentic cases. Of first importance is the minimizing of trauma, both obstetric and proctologic (especially sphincteric incision). Repair of trauma should be immediate and accurate. Later attempts are much more difficult and uncertain on account of atrophic muscular changes, and often results must depend on cicatricial contraction and adaptation of other muscles, especially the levators, to sphincteric duty. Restoration of long overstretched muscles is largely dependent on general treatment.

Sphincteric deficiency is a troublesome problem to every practitioner, and the prognosis is uncertain.

THE ANO-RECTAL LINE—ITS CLINICAL SIGNIFICANCE.

By Collier F. Martin, M. D.,
Philadelphia, Pa.

After discussing the development of the anus and rectum, Martin states that the ano-rectal line, or dentate border, has a very important clinical significance, in that it is the point at which both the blood supply and the nerve supply become differentiated. Above it the blood is carried by the portal circulation to the liver, while below it the blood stream mingles with the general circulation by way of the inferior vena cava. Above it the rectum is supplied only with visceral or sympathetic nerve fibers, while below it the anus and its surrounding structures are supplied with spinal nerves, and by sympathetic filaments. These spinal nerves carry sensory impulses common to nerves having specialized cutaneous nerve endings.

Below the ano-rectal line, as evidence of irritation of the spinal innervation, sensory disturbances are expressed in terms of pain, itching, formication, and in alterations in

spinal sense of touch, and temperature, with their modifications, such as dryness and moisture. Stimuli producing these sensory disturbances show their presence by exciting motor contraction, or by inducing alterations in secretion.

Above the ano-rectal line all of the specialized spinal sensations are absent, only the visceral sensations being present. In the rectum it is only pressure and muscle sense that appeal to our consciousness. This sensation is translated in the brain into a desire for stool, which desire is inhibited or assisted voluntarily, as occasion may require.

Excessive spasm of the involuntary muscles supplied by visceral nerves produces an unpleasant sensation, which differs from pain of spinal origin in that it is difficult to localize, and may be described more as an ache, which is difficult to bear and exhausting to the patient.

Lesions of the crypts of Morgagni, since they involve both the visceral nerve supply of the rectum and the spinal innervation of the anus, are associated with many disturbances of the reflexes.

Infection and malignant processes, occurring above the dentate border, tend to spread upward, by way of the deep lymphatics, to the pelvic or uro-genital organs, or to the liver, via the portal system. Below the ano-rectal line superficial abscesses result from infections of the proctodeum and the rectal crypts. Malignancy here is associated frequently with extension to the inguinal glands.

In general there is a marked tendency for pathologic processes to limit their invasion to the embryonic structure in which they began; the ano-rectal line being the "great divide" between the ectodermic and the entodermic structures. Rectal infection and malignancy rarely extend below the dentate border, while anal pathology usually remains below this line and the levator ani muscles.

Ano-rectal symptomatology is equally differentiated. The subjective symptoms of a pathologic process bear little relationship to the lesion, per se, but depend upon the interference with the functions of the spinal or sympathetic nerve supply of the tissues involved, whether this interference be mechanical, inflammatory or functional.

TREATMENT OF FISTULA-IN-ANO.

By J. A. MacMillan, M. D.,
Detroit, Mich.

There are three essentials for the operation for this condition:

1st. An incision that will open up every ramification of the fistulous tract.

2d. The excision of the fibrous tissue which forms its walls.

3d. Free drainage, and a regulation of the granulation by means of pressure by gauze packing.

County Societies.

BENTON COUNTY.

Rogers.—Resolutions unanimously adopted by Benton County Medical Society, in session at Cave Springs, Ark., June 10, 1913:

Whereas, the Arkansas Gazette of the 9th instant contained an advertisement of Dr. J. P. Runyan and his hospital; be it

Resolved, By Benton County Medical Society convened at Cave Springs on the 10th day of June, 1913, that said advertisement is a violation of the code of ethics of the American Medical Association, as well as of the State and Pulaski County Medical Societies, in all of which he holds membership.

Also that coming as it does so soon after a similar but less flagrant transgression last year, for which he was reprimanded by the House of Delegates of the Arkansas Medical Society, this offense premeditated and deliberate as it unquestionably was, deserves to be handled without gloves.

That this infringement of the ethics, traditions and ideals of the medical profession is more reprehensible, because committed by one who a few years ago secured the presidency of the Arkansas Medical Society, and by and through his membership in it acquired some other appointments.

Whereas, by and through his membership in Pulaski County Medical Society, he is our unworthy associate and fellow-member in our state and national organizations, we call upon Pulaski County Medical Society to deal with him adequately.

Be it further Resolved, That the president of Benton County Medical Society be

instructed to forward a copy of these resolutions to each the president and secretary of Pulaski County Medical Society, as well as to the secretaries of each and every other county medical society in the state, with the request that they be read at their next meeting. Also that a copy be forwarded to each trustee of the University of Arkansas, and to Dr. C. P. Meriwether, secretary of the Arkansas Medical Society, with the request that he try to have it published in the bulletin of the Arkansas Medical Society, and at as early date as convenient.

Unanimously adopted.

Approved:

J. A. Fergus, President.

R. T. Henry, Secretary.

WASHINGTON COUNTY.

Fayetteville.—Resolutions passed by the Washington County Medical Society at a meeting at Cave Springs, Ark., July 8, 1913:

Whereas, in the Little Rock Gazette, a secular newspaper, in its issue of June 9, 1913, contained an advertisement of Dr. Runyan and his private hospital; and

Whereas, the said Dr. J. P. Runyan is a member of the Arkansas Medical Society and has from time to time been placed in positions of the highest trust and responsibility in his county and state societies; and

Whereas, the insertion of such flamboyant advertisements in the secular press as appeared in the Gazette of June 9, by an ex-president and member of our state society, is, in the judgment of the Washington County Medical Society, in direct violation of both the spirit and the letter of the code of ethics adopted by the American Medical Association and all of its affiliated societies. (See Section 4, Chapter 2.)

Therefore, be it Resolved, By the Washington County Medical Society, that it is with sincere regret that we note that the said Dr. J. P. Runyan has committed this flagrant violation of "esprit de corps" of a noble profession, putting aside that modest decorum that has always distinguished the medical man of merit from the charlatan.

Resolved, further, That a copy of these resolutions be sent to the judicial of the Arkansas State Medical Society and to the president of the Pulaski County Medical Society, to the end that these societies may take such action as may, in their opinion, be warranted.

E. F. Ellis, M. D., President,
H. H. Towler, M. D., Secretary.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Secretary.)

Pine Bluff.—At a meeting on June the 14th of the Jefferson County Medical Society the following members were present: Drs. Clark, Blackwell, Breathwit, Jordan, John, Luck, Palmer, Stewart and Woodul.

Board of Censors reported favorably on the application of Dr. C. E. Wright of Altheimer, and Dr. Wright was elected by acclamation.

Dr. O. W. Clark had been charged with permitting his name to appear in the daily papers, and for this violation Dr. Clark was summoned to appear before the Board of Censors. Dr. Clark failed to meet the Board of Censors at the time and place designated, and for this violation the Board of Censors recommended that Dr. Clark be expelled. The report of the said board was accepted, and Dr. O. W. Clark was expelled from the Jefferson County Medical Society.

Book Reviews.

A Reference Hand-Book of Gynecology for Nurses.—By Catharine Macfarlane, M. D., gynecologist to the Woman's Hospital of Philadelphia. Second edition, thoroughly revised. 32 mo. of 156 pages, with original line drawings. Philadelphia. W. B. Saunders Company, 1913. Flexible leather, $1.25 net.

In this little volume the authoress presents the facts which are most useful to the nurse from the viewpoint of the surgeon whom she is to assist. The principal changes in this edition pertain to details of technic. We can commend the book to physicians as well as nurses, because it contains many points of practical clinical usefulness.

Blood Pressure From the Clinical Standpoint.—By Francis Ashley Faught, M. D., of the Medico-Chirurgical College, Philadelphia. Octavo of 281 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1913. Price, $3.00 net.

The author of this book presents in easily accessible form the pith of medical literature bearing on blood pressure studies in their relation to medicine, not only in cardio-

vascular and renal conditions, but also in many diseases in which clinical observation has shown the information obtained by the sphygmomanometer to be of value. A number of pages are devoted to the discussion of the circulation and its relation to the blood pressure, together with the various methods employed in sphygmomanometry, to acquaint the practitioner with the theory of this procedure, so that deductions from his observations may be of greatest value.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago.—Volume II, No. 2. (April, 1913.) Octavo of 171 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1913. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

Among the interesting articles in this number we find "Essential Hemorrhage of the Uterus," giving a description of Dr. Murphy's operation for hysterectomy; "Recurrent Appendicitis," with a description of Dr. Murphy's proctoclysis.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago.—Volume II, No. 3. (June, 1913.) Octavo of 185 pages, 62 illustrations. Philadelphia. W. B. Saunders Company, 1913. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

In this number we find, in addition to the description of a number of operations by Dr. Murphy, there is a very interesting article by Dr. F. H. Albee of New York City on Pott's disease, dealing with the operation of bone grafting for its cure.

Collected Papers by the Staff of St. Mary's Hospital (Mayo Clinic) for 1912. Octavo of 842 pages, 219 illustrations. Philadelphia. W. B. Saunders Company, 1913. Cloth, $5.50 net.

This volume contains the articles written and presented for publication to the various medical journals during the year 1912. The following subjects have been referred to with sixty-nine papers: Alimentary Canal, Hernia, Urogenital Organs, Ductless Glands, Head, Thorax, Spinal Column and Extremities, Technic and General Papers.

Diseases of the Eye.—By George E. De Schweinitz, M. D., professor of ophthalmology in the University of Pennsylvania. Seventh edition, thoroughly revised. Octavo of 979 pages, 360 text illustrations and seven lithographic plates. Philadelphia. W. B. Saunders Company, 1913. Cloth, $5.00 net; half Morocco, $6.00 net.

In this edition the author has revised several chapters, and a certain amount of new matter has been incorporated. Among some of the special paragraphs that appear for the first time we find: "Sporotrichosis of the Eyelids and Conjunctiva," "Rosacea Keratitis" and "Blindness from the Aryolarsenates." The whole subject has been thoroughly covered and includes the important discoveries and observations of the last three years.

Applied Bacteriology for Nurses.—By Charles F. Bolduan, M. D., assistant to the general medical officer, Department of Health, city of New York; and Marie Grund, M. D., bacteriologist, Department of Health, city of New York. 12 mo. of 166 pages, illustrated. Philadelphia. W. B. Saunders Company, 1913. Cloth, $1.25 net.

A perusal of the various chapters of this book will show that a study of all the ordinary modes of transmission of infection has been presented. We commend this book because we feel that nurses should have some knowledge of the nature and characteristics of germs.

Diet Lists of the Presbyterian Hospital, New York City.—Compiled, with notes, by Herbert S. Carter, M. D., assistant visiting physician to the Presbyterian Hospital, associate in medicine at Columbia University, etc. 12 mo. of 129 pages. Philadelphia. W. B. Saunders Company, 1913. Cloth, $1.00 net.

The diet lists contained in this volume have been prepared for use in the Presbyterian Hospital; subsequently the comments on the different diets were added, for while the indications for the use of most of the diets is self-evident, the explanatory notes add to the completeness of the presentation and may be found useful to some of our readers.

Genito-Urinary Diagnosis and Therapy.—For urologists and general practitioners. By Dr. Ernest Portner, urologist, Berlin, Germany. Translated and edited by Bransford Lewis, M. D., B. Sc., professor of genito-urinary surgery, Medical Department of St. Louis University, St. Louis, Mo. 291 pages; 43 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1913. Price, $2.50.

This book presents in a concise form the practical therapeutic methods to the practitioner who intends to engage in the treatment of urinary diseases. It is said to be the first book on genito-urinary diseases that gives a complete description of the complement fixation test and treatment for gonorrhea.

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Original Articles.

RENAL TUBERCULOSIS.*

By H. H. Kirby, M. D.,
Little Rock.

Renal tuberculosis, for many years a much neglected subject by the general practitioner, is beginning to be considered by him an important factor in disease. And formerly where confusion existed because of the intractibility of a few symptoms and the failure of treatment which many times was given on purely a symptomatic diagnosis, the case, because the subject is in the mind of the doctor and because of the improved methods of diagnosis of lesions of the genito-urinary tract, assumes a different aspect, and, instead of irreparable damage being done by delay and failure, the condition is recognized and brought to a favorable termination.

In renal tuberculosis the infection may occur in several ways, either by ascending from the lower genito-urinary system, from continuity, such as infection from the supra-renals, or, as most commonly occurs, through the vascular system, due usually to infection in another part of the body, the bacilli becoming entangled in the glomerular tufts, or as a result of an attempt at excretion they become lodged in the tubules and give rise to the infection.

The infection may manifest itself in several forms as a miliary type, which is usually accompanied by a general miliary tuberculosis, or as a unilateral affection of a more chronic nature, in which are distinguished the massive form growing by local metastasis with abscess formation and enlarged organ, or as one affecting the calyces and papillae, and characterized by superficial ulceration, which grow until the whole kidney may be involved and forming the characteristic tuberculosis cavities lined by a pyogenic membrane.

The secondary pathological findings are, first, infection of the fibrous capsule, or even of the surrounding fatty layer, with thickening or even abscess formation; second, if the ureter become infected, as is usual, and with the formation of structures, the kidney not being completely destroyed, a hydronephrosis may occur, and an autonephrectomy; third, if other organisms be added, such as are predisposed to by the retardation of the flow of urine, even though the urine remain acid, a pyonephrosis results; fourth, the bladder in most instances early becomes involved and shows variations from a congestion around the ureter of the affected side to most pronounced ulcerative processes involving almost the entire bladder mucosa, the early ulcers being of the punched-out variety; fifth, infection of the supra-renals and the genital organs; sixth, the opposite ureter, and, finally, the opposite kidney.

From the findings in early inadvanced cases, and knowing the tendency of the disease to progress, it behooves us to make an early diagnosis. In the very early stages bladder irritation is the prominent symptom. This may be of a gradual or of a sudden onset, with the symptoms mild or severe, according as the infectious products are thrown out, the germs themselves, or the altered condition of the urine, and the state of the bladder mucosa. In any case where this symptom continues, no one is justified in making a diagnosis until tuberculosis be excluded. Occasionally this is accompanied by the intermittent discharge of bloody urine, depending upon the location of the lesions and the congestion which arises in

*Read in the Section on Obstetrics and Gynecology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

these cases. A sensation of numbness or pain in the lumbar region is sometimes complained of by these patients, but may be entirely absent; this, too, being due to a heightened tension within the capsule, which, if enough pronounced, will produce a renal colic. This latter symptom in the most advanced cases is also caused by hemorrhage or detritus with an inflamed ureter, or by calcareous deposits, which occasionally form and are thrown off from time to time. Besides these special symptoms, there is a general debility and the phenomena such as are seen in tuberculous processes. However, in depending too much on the classical symptoms, there is a loss of time which proves a detriment to the welfare of the patient, and the case may become a hopeless one, hence it is best to make the diagnosis early, using every attention and care necessary to clear up the case.

The urine early shows albumin, and, microscopically, a few pus cells, or even occult blood may be found. If the urine be taken from each ureter separately, that from the affected side will show a diminished concentration, which, together with the other symptoms, is almost pathognomonic of the disease. By proper staining of the centrifuged sediment of twenty-four hour specimens, some observers have been able to demonstrate the tubercle bacilli in 80 per cent of the cases. In case of failure to make a diagnosis by these methods, guinea pig inoculation should be instituted.

A most important aid in these cases is the cystoscope, which will show, in the majority of cases, the character of the lesions in the bladder, and, because of the changes which early occur at the ureteral opening, the affected side can usually be determined. To this is added ureteral catheterization for examination of urine from each kidney and for determination of strictures, or for injecting the pelvis of the kidney for radiographic exposure.

The conditions to be excluded are pyelitis with contracted bladder, nephrolithiasis and cold abscess of renal origin.

Tuberculous infection of the kidney frequently displays such marked remissions that the question arises as to whether the infection can be overcome. The tendency of the majority of cases, however, is to progress, both locally and to the other genito-urinary organs, or even to more remote areas, as bones, joints, brain, and so on.

The treatment for bilateral involvement is hygienic and tuberculin, although little hope can be had as to a cure. For unilateral cases surgical treatment is regarded as holding out the greatest possibility of a permanent result, and nephrectomony should be done in all cases except those associated with advanced stages of tuberculosis in another part of the body other than the genito-urinary tract, or with functional incapacity of the opposite kidney.

In removing the kidney, care should be taken to keep the area from being soiled by opening of tuberculous foci. The ureter is best taken care of by stitching it to the lower part of the wound, or injecting with pure carbolic acid. In any case the tendency of the ureter and bladder is to heal or improve. For the bladder a 5 per cent carbolic acid solution injected every other day has resulted very favorably.

DISCUSSION.

Dr. Charles C. Browning (Los Angeles, Cal.)—It seems that there is no member who desires to speak at this time on this subject. It is a subject in which I am very much interested, and it seems to me a timely subject for consideration by the general practitioner. Certainly the admirable way in which it was brought before you is to be commended, because of the directness with which the symptoms were outlined, and without going confusedly into possible symptoms. There is one particular feature that was suggested by the essayist's paper regarding treatment which I wish, with your permission, to emphasize. If I recall correctly, the essayist stated that in unilateral tuberculosis of the kidney the treatment should be removal; bilateral, it should be hygienic and tuberculin. I would take the first recommendation with some degree of qualification. If it appeared to be early, I believe that I should recommend the treatment for the second class of cases being at least considered. Of course, if the disease has progressed extensively, nothing short of nephrectomy will be of any avail. However, the use of tuberculin has, in my experience, proven of sufficient value to offer encouragement. The use of tuberculin in the treatment of the kidney should be undertaken very carefully, especially if both kidneys are involved. One of the conditions brought about by the use of tuberculin is hyperemia of the infected focus. You can readily see, if you have a tuberculous condition which involves the parenchyma of the kidneys, an excessive hyperemia might interfere sufficiently with the function of the kidneys to possibly produce immediate serious results. If, however, some other portion of the kidney is involved, this danger is much less. My practice is, in all cases of tuberculosis in which I contemplate the use of tuberculin therapeutically, to apply the Detre test; a very active reaction will suggest sensitiveness. I gauge my beginning doses accordingly. If there is only one kidney involved, it does not make so much difference. But we know ordinarily other tissues of the body do not stand hyperemia as do the lungs, and

frequently the dosage advised in the use of tuberculin is that used in the treatment of tuberculosis of the lungs. Ordinarily I reduce the dose materially, making it less than I would give for a corresponding condition of pulmonary tuberculosis. The interval between the doses should also probably be somewhat longer. For instance, if I would start a pulmonary case under similar conditions with 1-1,000 milligrams, I would start the kidney case with 1-10,000 milligrams. If I would repeat at an interval of three or four days with the pulmonary, I would suggest five to seven or eight days in treatment of the kidneys. However, do not wait too long, because the positive phase does pass. I think these few thoughts are worthy of your careful consideration before you undertake the use of tuberculin.

Again, I desire to apologize. When I came in, someone said to me, "If there is anything you wish to say, you will be welcome," and I have taken advantage of the invitation.

Dr. Hathcock (Harrison)—I would like to ask the society about the Friedmann culture. I would like to know if anyone here has tried it. If so, I would like to have their experience.

Dr. Lutterloh (Jonesboro)—It seems to me like that Friedmann cure is not well enough established among the American physicians and surgeons. It seems to me it would not be doing justice at all until we got a favorable or unfavorable report from the government.

Chairman Rhinehart—I know that that Friedmann business is in the hands of a syndicate. I understand Dr. Browninig has charge of a sanatorium, and may have something for us on that line.

Dr. Browning (Los Angeles)—I shall have to correct the statement that I have charge of a sanatorium. I disposed of my interest which I held, but have been confining myself to tuberculosis work. I attended the Congress of Physicians and Surgeons in Washington, which met two weeks ago. This was followed by a meeting of the National Association for the Study and Prevention of Tuberculosis. The surgeon general of the Marine Hospital Service is a personal friend of mine, he having been in charge of the work of plague eradication a few years ago on the Pacific coast, and I was present when Dr. Anderson of the Marine Hospital Service made his report to the National Association. I also was in New York and met some men who have had the immediate care of the patients that have been treated by Dr. Friedmann. An effort which has been most wonderful—so much so as to excite the editorial comment of some of the metropolitan papers—has been the great effort which the profession has made to view impartially any possible value that Dr. Friedmann's remedy may have, apart from his unwise action. There seems to be the greatest effort made by those in authority to speak and act absolutely without prejudice. There is no reason why Dr. Friedmann's remedy should not be of value. My conception is that either the menstrum on which the bacillus is grown or the tubercle bacillus, or any portion of it, if used judiciously, is of some value. Mark, I say "judiciously." Therefore, the remedy should be possessed of value. If he is using a live organism, as he says he is, and as we have reason to believe that he is, then the next question is, Is it possessed of danger? Now, just briefly speaking, if it should be possessed of some value, the question is whether it is of greater value than other remedies with which we are familiar. Probably, so far as we can now say, not greater than the emulsion of tuburcular bacilli. If it is a live organism, as it seems that it is, there is no reasonable doubt that it may be possessed of danger which is not possessed by the dead bacillus, especially when inoculated into persons who are not already tuberculous. Therefore, as a prophylactic in children, there is good reason to believe that it may prove dangerous. In fact, a letter from a man from Los Angeles, a friend of mine, received just before I was leaving home, states that he had been present at an autopsy in which the injection had been given in the right gluteal region, I believe it was. The man died after several weeks. The region was found studded with tubercles, the lymphatic glands through which that area was drained were enlarged and filled with bacilli, and there was no evidence of former tuberculosis existing in that portion. The other side was absolutely free; the conclusion being at that particular time, by those men in Berlin who made this autopsy, that they had become active in that case. I don't know details as to whether cultures were made, or animal inoculation carried out to further test the virulence, or whether the condition was one of the possibilities from the use of the dead bacillus.

Now, as to the patients treated. The patients treated in Bellevue are patients that are brought in directly from the poorer sections of the city. All of you are familiar with the character of tuberculous patients, especially coming from the lower walks of life, where the people are poorly housed, overworked, and frequently poorly fed, certainly from unhygienic conditions, know that nearly all of them improve, unless they are practically moribund, and, of course, the very advanced would not be the class of patients to receive treatment. Many of the patients treated gradually improved. Other patients brought in at the same time did the same. The men who came in contact with Dr. Friedmann report that they were quite favorably impressed with the manner in which he selected his cases. Whatever prejudice they may have had before, they began to feel differently towards him. On his return, which was some weeks following, he came in and would go to his patient. "You are feeling better today," or similar suggestion. You know how you are able to direct your answer to a certain extent. And most everybody said "Yes, I am feeling better." He did not look at the charts; he made no examination. And some of the patients were continuing to do better, some were making indifferent progress and others were positively losing ground. They had made that short improvement which is common, and then they began to lose ground. Attendants called the doctor's attention to some of these. He said, "Oh, you are prejudiced!" He would not look at the charts. He simply made up his records then and there from what the patients told him, so that the men felt that he was really preparing favorable reports for his own benefit. Since then so many things have transpired that it seems that he was working strictly for the financial end, and that probably the scientific end was entirely lost sight of, or practically so. A patient of a friend of mine in Ashville, who had enlarged cervical glands, went to see him. The patient was in bad condition. He made no examination whatever of the patient. He simply touched the glands of the neck. The patient also had tubercular ulcerations of the pharynx and larynx, which he declined to examine. He finally agreed that for one thousand dollars he would give that patient an injection, provided he would get out of the hotel im-

mediately. He did so, and the patient died the next day. Whether it was attributable to the dose I don't know. It appears that he was most interested in the financial part of the work. That need not stand in the way of his remedy, provided his observations were carefully and scientifically made and honestly reported.

Quite a pressure was brought to bear on the Marine Hospital Service to take this matter up. They had written to him, and he had promised by letter if they would send officers of the service to Berlin he would show them everything he could. Before the officers were ready to depart, they received word that he was coming over to the United States. The officers met him at the steamer, and he put them off from time to time. Finally he gave them a small loop of vaccine. He would tell them absolutely nothing in regard to how long it was grown or what it was grown on, but strung them along, and he has done it irrespective of his letter of promise to reveal the technique. Taking all into consideration, it would seem that we would have to wait until someone who is less interested in this matter can really grow the organism and check up its properties. So far as we can see now, it appears that it is probably of some value; it is doubtful if it is of any greater value than the preparations with which we are familiar. We know that, unless he has something that he has not told us yet, there is no new principle involved, and there is a possibility, if not a strong probability, that its use is attended by dangers which do not attach to those remedies with which we are familiar.

SPLENOMEGALY; SPLENECTOMY.*

By Wm. Britt Burns, M. D.,
Memphis, Tenn.

Some ten years ago I presented to the Mississippi Valley Medical Association, at one of its meetings, in Memphis, a series of splenic tumor cases, namely, three cases of spleno-myelogenous lukemia, one case of splenic anemia, and one case of so-called malarial spleen.

The cases of lukemia died in less than two years; that of splenic anemia was under observation for something over five years, and when last seen was apparently well. The malarial spleen left the hospital without improvement as to the tumor, and was not seen again.

These were probably the earliest cases of lukemia shown in our section.

Since then I have seen several cases of all varieties of splenic tumor, and from observations have been led to study—in a hazy, indefinite sort of way, perhaps, but nevertheless to study—some of the phases of this subject.

*Read in the Section on Surgery of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

The spleen originates from the *mesenchymal* layer of the mesoblastic structures, and possibly before the time of the development of the cerebro-spinal nervous system. This is evidenced by its splanchnic sympathetic nerve supply. Although Landois has "traced the innervation of the spleen from a center in the medulla through the spinal cord, passing through a series of ganglia situated between the first and fourth cervical vertebra, thence to the left splanchnic nerve, the semilunar ganglion, and ending in the splenic plexus," irritation or stimulation produces contraction of the spleen.

The blood goes to the spleen through the splenic artery, which divides into five or six branches and enters the hilum of that organ. "Within the spleen the arteries divide into a fine interlacing network of arterioles and capillaries; the blood flows from these vessels into spacious sinuses, whose walls are without any lining membrane, but are formed by the substance of the spleen itself (the intermediary blood vessels)." The veins of the spleen start from these canals with cribiform walls, converging to form the splenic vein, and this, in turn, empties into the portal vein. This arrangement in the spleen allows a slow passage of the blood through the lacunae, and these cribiform walls permit a free comingling of the blood with the lymph and to come in contact with the pulp of the organ. These tissues respond readily to stimuli.

Infectious or toxic materials floating or circulating in the blood, aided by the above histologic arrangement, would have greater potency in its effect upon the splenic structure. A hyperplasia of the elements of the spleen is produced as a result of the toxic blood content.

Experiments were carried out by Ponfick and Siebel, at the suggestion of Von Recklinghausen, with suspensions of cinnabar into abdominal veins and injections of indigo into the lymphatic channels. These fragments were found invariably enveloped in the cells of the spleen having phagocytic action. Some of these are the so-called blood corpuscle containing cells.

Function.—The spleen, in early fetal life, has a part in the formation of the blood; the bone-marrow, liver adenoid and lymphoid tissues at this time act with the spleen. Both white and red corpuscles are made by

the spleen, but at birth this function is lost as to the red corpuscles.

The spleen assumes at birth the function of destroying the remnants of red cells and other blood debrititis, and rehabilitating crippled and disabled red cells. Materials that cannot be digested or destroyed by the phagocytes of the spleen are passed on to the liver for destruction. It is said that, while the phagocytic cells of the spleen may take up bacteria, they cannot destroy them; these are likewise passed on to the liver, bone-marrow and lymphatics.

We have seen, now, how that the blood is retarded in its passage through the large, spacious sinuses in the spleen; how that, upon the intrusion here of any infectious or toxic agent, the while cells, the phagocytes, come in large and increasing numbers to combat these agents. We then have an increased amount of blood to the part; more cells, both white and red, accumulate in the spleen. These, in turn, are killed and add with the pigment formed to an accumulating mass. This in repetition is the process by which comes splenic tumor.

There is a physiologic enlargement of the spleen with each period of digestion or meal. So that it has been conjectured, on account, also, of its intimate blood supply with this organ, to be a blood regulator for the stomach at the time of digestion. The acute splenic tumor occurs with all acute infections and subsides with the infection. There may be a minor amount of hyper-plasia, but when the irritation is removed this is resolved.

The splenic tumors to which it is desired to direct special attention at this time are:

Splenic anemia, so called; chronic malarial splenomegaly and leukemia. Splenic Anemia-Banti is characterized, first, by enlargement of the spleen, a reduction in the number and value of the red corpuscles, and a greatly reduced hemoglobin per cent, and a leucopenia.

This may later be accompanied by pigmentation of the skin, and, secondarily, cirrhosis of the liver, jaundice and ascites, the Banti ending.—Pathology. (See *vide infra,* p. 12.)

The malarial spleen consists, in the beginning, of a hyperemia; swelling is considerable during the paroxysm of chill and fever.

This leads to more or less permanent enlargement. Pigmentation is rather rapidly accumulated, and is due to changes in extravasated blood. This is at first red (hematoidin), and then black (melinin). The whole spleen becomes larger, and as it increases in circumference it is gradually hardened. Finally there is the overgrowth of all of the elemental tissues of the spleen, with the plugging of blood vessels and lymph spaces, as seen in the other giant spleens.

Leukemia—Spleno-myelogenous and lymphatic varieties. In the former there is a splenic enlargement, with both quantitative and qualitative changes in the leucocytes. There is an enormous increase of all kinds of leucocytes and an especial increase of the myelocytes and eosinophiles. The red corpuscles are markedly reduced in number and the total count, and are nucleated in the differential leucocyte count. With the lymphatic type the same conditions obtain, practically, except that lymphocytes replace the myelocytes.

Necropsy-Leukemia.—Spleen weighed five pounds and thirteen ounces; they frequently weigh sixteen to eighteen pounds. Most important changes are found in the spleen, bones, lymph glands and other lymphoid tissues. Capsule thickened; dark purple; on section very firm and uniform, smooth and glistening.

Microscopic.—The lmyphadenoid structures of the malpighian bodies look as if it had extended throughout the whole organ. The lymph sinuses are destroyed; the red blood corpuscles are almost absent (crowded out), but some blood pigment is present. Bone marrow (macroscopic) of tibia, radius and ribs; that in ribs diffluent and light brown color. Tibia and radius: Lymphoid tissue fairly firm, brownish color, dotted with patches of yellow. Bones may be deformed, owing to increase in bone marrow. Marrow swollen and red or pale and puslike.

Microscopic: Marrow composed of leucocytes; myelocytes preponderate. Mostly finely granular oxyphiles; some basophiles; coarsely granular oxyphiles uncommon; neucleated reds.

Lymph glands are all enlarged, and on section iron gray in color. Gland tissue is packed with leucocytes. Movable and floating or wandering spleen. The grade of displacement of the spleen varies from a slight decensus to a very wide range of moton, even to the iliac region of either side. The former is known as a "movable spleen,"

the latter as a "floating" or "wandering" spleen. Usually the decensus is due to the greater than normal weight of the spleen and the entirely inadequate support. It occurs more frequently in females, especially the multiparae. The tugging of these large spleens upon the diaphragm and the very large and sensitive nervous area (splanchnic), both cerebro-spinal and sympathetic, produces much pain and many nervous reflexes. Then, too, these large spleens, with a thickened and tightly bound capsule, and the attendant intra capsular tension, must of necessity produce pain in the organ itself. The pressure of the spleen upon the other organs in the abdomen interferes with and retards their function and adds another modicum of pain. Twisting or torsion of the pedicle of the wandering spleen is extremely frequent, and becomes a habit in some cases. This is very painful many times, and it often happens that the blood vessels are so pressed upon that gangrene of the spleen is imminent, and, in fact, does occur. Splenopexy would seem a reasonable and proper procedure in these cases of wandering spleen, but experience appears to show that the symptoms do not disappear. Therefore, we have turned to splenectomy. The operation in itself is essentially easy, and has been attended by remarkably good results.

There are some minor efforts at substitution of function, where the spleen is removed, on the part of the lymphoid tissues; but these simple efforts only tend to show that the splenic function is not at all necessary to life.

Splenectomy.—Before proceeding to the operative procedure, it should be especially noticed that the pathological findings in the spleen of splenic anemia, malarial spleen, and, at many points, leukemia, are, to all intents and purposes, the same. The principal factor in leukemia is, however, in the bone marrow and other blood-forming organs, and a removal of the spleen in such a case would not remove the real causative factor. Splenectomy in leukemia, therefore, is contraindicated, and leukemia should be excluded by a careful blood examination before splenectomy in any case.

When a diagnosis of splenic anemia has been made, splenectomy should be done. By so doing we will avoid hemorrhages, epistaxis, hematemesis or malaena, the invasion of the bone marrow and the Banti ending, hepatic cirrhosis-ascites.

Since the pathology of the giant malarial spleens we have had under observation appear to be so identically similar, and where there is great splanchnic disturbances, such as pain and reflexes, with anemia and approaching secondary hepatic involvement, splenectomy is indicated. More especially is this the case if the spleen has broken from its moorings and is bombarding the other viscera.

The cases upon which this report is made follow:

Case No. 1.—Mrs. Sarah A. B.; housewife; age, fifty; weight, eighty pounds; referred by Dr. P. A. Connor of Whitton, Ark.; married. Family history: Father died of pneumonia at fifty-nine; mother died in confinement at thirty-five; one brother died at seven of an infection of the scalp; one sister died at seven of pneumonia; two other sisters are dead, cause, unknown; no sisters living. Previous illness: Measles, chills and fever, la grippe. Menstruation: Began at thirteen and one-half; sickness fairly regular all her life up to ten years ago; irregular since. Pregnancies: Ten pregnancies, nine at full term and one mishap at two and one-half months. Deliveries all normal. Five of these children are living; the other four died while small; no consumption. Present illness began January 11, 1911, of a severe la grippe; has not been well since; having chills and fever every few days; chills seem to be controlled fairly well, but not entirely by quinine. Says spleen floats all over the abdominal cavity. The chills partake something of the character of nervous rigors. Examination shows a fairly well nourished woman. Lungs and heart negative. Liver palpable, two and one-half inches below the ribs of right side; right kidney palpable on deep inspiration. Spleen found to extend to the iliac crest and to median line, but movable all over the abdominal cavity, and in the erect posture rests in the right iliac fossa. Injuries: None. Urine: Reaction-acid; specific gravity, 1014; color, amber; albumen, none; sugar, none. Microscopic: Urates and uric acid crystal present; bladder and epithelial cells present; casts, none.

Diagnosis: Tension, neuralgia, through splanchnic system. Provisional diagnosis of splenic anemia, with malarial engraftment.

Differential leucocyte count: Polys., 80; hemoglobin, 80 per cent; S. L., 4; L. M., 16; nucleated reds, 1. This smear also shows two old pigment bodies, palely stained, of the terbran variety.

The pathological report from Prof. McElroy follows:

Sections of spleen removed from Mrs. Sarah A. B., submitted by Dr. William Britt Burns:

Sections fixed, imbedded and stained the same as No. 2. The microscopic examination shows a fixture quite similar to No. 1, viz: Fibrous hyperplasia of the capsule, trabeculae and recticulum, with atrophy and sclerosis of the lymphoid elements.

The following differences are plainly perceptible: The fibrous hyperplasia has not reached such a high grade. The endothelial hyperplasia is not so marked, but distinctly of the same type. The sclerosis of the malphigian corpuscles also seem to proceed from the central artery. A very marked feature of difference is this: Decided pigmentation present. This is a black pigment, which is free and enclosed in large phagocytic cells. It does not give the reaction for iron. This pigment is free in the trabeculae and enclosed in large phagocytic cells in the sinuses. It is also seen in the sclerosis malphigian corpuscles.

These sections, while they suggest an earlier stage of splenic anemia, show, in addition, an old malarial infection, e. g., a malarial infection of long duration.

Case No. 2.—Mrs. D. S., housewife, age thirty-seven, weight ninety-three, living at Lambethville, Ark. Family history: Had eight brothers and seven sisters. Has one brother and one sister living; others died in early childhood. Father died at sixty-three, of typhoid-pneumonia; mother died at thirty-three, in childbirth. Previous illness: Never been sick, except with measles at eight; chills once in a while; had a swelling four years ago in left side; this "broke and ran;" this was probably an inguinal gland. Menstruation: Began menstruating at sixteen; regular all the time, except when pregnant, up to April of this year (1912). Pregnancies: Eight full-term pregnancies. Three children living. Five dead, dying between the ages of six months to two years. Three of these died of congestion (?), one of bronchitis, one with bold-hives (?). Present illness: She seems to date all of her illness from the appearance of her menses on April 6, when it stayed on her until about the middle of May. Came again June 8 and remained until June 13. Had leucorrhoea for some time, four years ago. Had it four or five days immediately prior to April 6. Bowels and kidneys apparently normal. Has pains or soreness on right side, under the lower ribs. Hurts worse at night. She maintains that it is more of a soreness than an acute pain. This, however, was severe enough to prevent sleeping on the back, and really kept her awake a good deal. Examination: Shows liver opposite lower border. Extreme tenderness over the gall bladder. No pain over appendix. Spleen greatly enlarged, reaching two inches below the umbilical line. Not tender; movable. Injuries, none. Urine: Reaction, acid; color, light amber; albumin, none; sugar, none. Microscopic: Epethelial cells, a few from bladder; uric acid crystals present; amorphones urates present. Differential leucocyte count: June 14, 1912, Polys., 81; L. M., 10; S. L., 8.; E. O., 1; Mast., 0; hemoglobin, 70 per cent. June 24, hemoglobin, 90 per cent. June 14 to 24, she was taking pil hydrarg protioded aa., grs. $\frac{1}{4}$, tid and Basham's mixture. August 20 she returned for operation. Differential leucocyte count on that date: Polys., 71; L. M., 17; S. L., 9; E. O., 4; Mast., 0; hemoglobin, 60.

A diagnosis of splenic anemia, with complicating gall bladder trouble with splanchnic pain in the beginning. When she returned two months after her first visit, a clear case of Banti's was presented.

The pathological report from Prof. J. B. McElroy of Memphis follows:

Small sections of spleen removed from Mrs. Della S., submitted by Dr. William Britt Burns, Memphis, Tenn.

Fixation in formalin and alcohol. Frozen sections, imbedded in paraffin, stained with haemotoxylin and eosin and by Ribbert's modification of Mallory's axis cylinders staining method, and Van Gieson's stain for connective tissue.

Microscopic examination: The capsule is thickened, consisting of dense hyaline connective tissue. The trabeculae are thickened and also composed of the same kind of connective tissue. Ribbert's stains show distinctly a marked hyperplasia of this reticulum.

There is marked atrophy of all the lymphoid tissue of the organ, apparently the result of the accompanying fibrous hyperplasia. There are very few malphigian corpuscles. Many of those present and replaced by hyaline connective tissue, which seems to proceed from the central artery. In some of these the hyaline bodies described by Banti may be seen. Around some of the trabeculae there is an accumulation of lymphoid cells, which give a picture closely resembling the sclerosed malphigian corpuscles.

The lymphoid cells of the pulp are scant. The lymph sinuses are lined by endothelial cells, and which, as well as those of the reticulum, show marked proliferation. These almost fill some of the sinuses. Many of these cells contain more than one nucleus.

The marked features of the sections are the fibrous hyperplasia of the capsule, trabeculae and reticulum, with atrophy and sclerosis of the lymphoid elements. The microscopic picture seems typical of an advanced case of splenic anemia.

The operation of splenectomy is comparatively easy, and is done after the methods of several operators. The giant spleen has been treated by ligating some of its vessels to curtail its nutrition, with the idea of reducing its size by this method. The operations I did were through the median line, with a long incision. The spleen being delivered through the incision, where the vessels were brought up in easy reach and tied off. After removal of the spleen the redundant omentum was attached to the stump of the spleno-diaphragamatic ligament and epiplopexy. Mayo guards the vessels by rubber covered elastic clamp, which is a refinement that may be recommended.

Rydygier describes a unique operation for pocketing the spleen outside of the peritoneum. Rydygier loosens parietal peritoneum so as to make a pocket into which he tucks the spleen. A median incisison is made and the spleen is replaced in its normal position, so that the operator shall know where and how to make the peritoneal pocket. The spleen is then pushed out of place, and a transverse incision, corresponding to the transverse diameter of the spleen, is made in the neighborhood of the ninth, tenth and eleventh ribs, through all the layers of the abdominal wall. The peritoneum is stripped up both below and above this incision. The spleen is thus placed in the pocket, then made and fixed there by sutures, passed through the parietal peritoneum and suspensory ligament of the spleen. Abdominal fixation can be secured by suture through the margin of the spleen itself, or by scraping its lower end in order to set up granulations.

The spleen may be approached by the pleural route. A transverse incision may supplement the median incisions.

DISCUSSION.

Dr. Hogue (Fort Smith)—It has been my pleasure to see a number of cases of splenomegaly, the so-called malarial spleen. A feature that has been left out by the essayist is uncinariasis and associated conditions. In the year 1910 I happened to be down in the tropics and saw a great many cases of uncinariasis, many of them complicated by other intestinal parasites, and others complicated by malaria. Most of the cases that had uncinariasis had splenic enlargement. In some the splenic enlargement was very marked. I would like for the essayist to mention that feature, because it has been shown by the Arkansas Commission studying the hookworm disease that there are a great many cases in the state, and that is a feature that deserves attention. I am not familiar with the statistics covering the post-operative effects of splenectomy. It seems to me that the operation has been shunned thus far by the high mortality. While in some cases the post-operative results are all that could be desired, in the majority of cases it has proven most unsatisfactory.

Dr. Pettus (Little Rock)—I might have misinterpreted the doctor's meaning in mentioning that in splenic involvement there was a very large per cent of poly-morpho nuclear. I was under the impression that in involvement of the spleen, unless it was controlled by some pyogenic condition, the blood count would show the same as in leukemia. I merely ask this as a question, if it's often the case that there is an excess of polys where there is no pyogenic condition existing with a disturbed condition of the spleen of any kind or nature.

Dr. Meek (Camden)—I want to ask the essayist if I understood that he pocketed the whole spleen or merely the stump part. I did not exactly catch that, if he put that outside of the peritoneum. I also want to ask Dr. Hogue if the relief of the uncinariasis cured the spleen, as a rule.

Dr. Hogue—In reference to Dr. Meek's question, the relief of the uncinariasis or associated conditions, in those cases that I saw, while not exactly clearing up the enlarged spleen, it diminished it. In some cases the spleen was only a little enlarged, and merely palpable. They became normal, as far as physical examination was concerned.

Dr. Burns—In answer to Dr. Hogue's question, I assume that any continuous irritation of the spleen that goes on for a considerable length of time, as we have in splenic anemia, malarial spleen, leukemia, any of those irritations that will set up hyperplasia, will finally set up permanent hyperplasia and will give you practically the same condition there of splenic tissue as you have in splenic anemia.

I don't know much about the hookworm disease. (Sometimes I fear I have it!)

In regard to the gentleman's question as to the polys, I said that in leukemia there was an increase

of all of the leucocytes. A differential leucocyte count would not show a relative increase of polys. But in leukemia there is an increase of all of the leucocytes—of all the white cells. In splenic anemia, the leucocyte count is about the same, just about normal, except they are fewer in number. There is the leukopenia in splenic anemia.

I did not do the operation of pocketing the spleen. That was only a description of the operation done by Rydygier. I don't suppose I would attempt to carry out just a fad like that.

Dr. Meek—I asked whether you pocket the pedicle or the whole spleen outside the peritoneum?

Dr. Burns—Yes. Push the peritoneum out of the way, and pocket the spleen, just like you put this book in that pocket. As to the percentage of my recoveries, they have been good. This paper of mine was too long as it was, and I stopped at a most convenient place. I should have said a good many things more, probably, to have made a better rounded paper.

One of these two cases—I only operated on two—is now living and in good health, and has not had any more pain. She made a beautiful recovery. The other case is a beautiful exemplification of the Banti ending of this disease. This woman came to me three months before—I didn't read her history—and I urged her to have the spleen removed at that time, but she procrastinated until finally she came. Between the time I first saw her and the time I last saw her, her liver had almost doubled in size from a hyperplastic source, a typical Banti ending of this splenic anemia. In the course of my preliminary remarks I stated that the first case of splenic anemia I had seen had apparently gotten well. Of course, she passed out of my hands, and I don't know how soon a recurrence of this anemia may set up and the spleen become enlarged and later take on a Banti cirrhosis.

INDIGESTION AND CONSTIPATION.*

By E. D. Holland, M. D.,
Hot Springs.

It is hard to conceive of a more indefinite and less tangible title than "indigestion," unless it is "dyspepsia," and I chose the title purposely because it did not mean anything and would give me all the leeway I could possibly wish.

The diagnosis of indigestion is seldom made by the physician, but is usually made by the patient, who comes to the physician to have his diagnosis confirmed, and sometimes succeeds. It is no unusual thing to have a patient come to us for indigestion, and most of them have either taken or been given a thorough course of indigestion treatment, which consists of a round of hydrochloric acid, sodium bicarbonate, essence of pepsin, bismuth subnitrate, and a few of the preparations made, supposedly, from the pancreas and various sections of the intestines and stomach, one grain of which has digestive powers that would make an ostrich hide his head in shame if the wrapper that accompanies them is but half believed.

It does not make any difference in what sequence the above remedies are given, as they usually have the same effect on the patient; that is, make him lose confidence in all doctors and settle down to starve to death. This last is very apt to cure him unless Christian Science or some new starvation fad comes to the rescue and effects the same result, in the same pleasant way, but gives it a name, thereby adding great merit to the cure.

I am now treating a woman who was sent to me for indigestion and flatulence. She had taken the usual remedies, with the addition of a little charcoal, but had received no relief from the supposable gas distention. I tapped this woman and withdrew three quarts of ascitic fluid, which greatly relieved the *flatulence* and *indigestion*. This patient had an enlarged liver and gall bladder, and since the tapping she has passed twelve gall stones that I have seen, one of which was very large and weighed two grammes.

This is, of course, an extreme case, but it only shows the haphazard way in which a great many cases of indigestion are diagnosed and treated.

We get scores of people who are suffering from constipation or diarrhea, but most of them never heard of having their stools examined, and have depended on calomel and castor oil in various dosage.

When a man is brought into a hospital with a fractured lower limb, no one would think of putting a plaster cast on his shin without determining whether it was his tibia, fibula or femur that was fractured; but that is what is done in a good many cases of indigestion.

The more complicated the abnormality, the more painstaking should be the examination, and, as there is no more complicated set of organs than those dealing with digestion, there is no condition in which a thorough and painstaking examination is more justified. Indigestion simply means that there is something wrong with the patient between his teeth and his anus, and that is too indefinite a diagnosis to respond well to treatment.

*Read in the Section on Practice of Medicine of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

Fortunately, the very difficulty of the physiology and chemistry of digestion has acted as an inspiration and stimulus to some of the best physiologists and physiological chemists, and they have experimented and analyzed until we are able to follow digestion through the whole alimentary tract, with comparatively little difficulty.

However, most digestive troubles are simple, and start from a pathological condition of the stomach walls or the gastric juice, and these will usually respond rapidly to the proper treatment; but this treatment should be exactly right, and the only way to make an exact diagnosis is by a quantitative analysis of the gastric contents.

Most digestive troubles are caused by a hyperacidity, and practically every case of hyperacidity has a catarrhal condition of the stomach wall. Every catarrhal stomach should be thoroughly cleaned every morning before breakfast, and here we have our principal use for the gastric tube as a therapeutic agent.

Take, for example, a typical case of hyperacidity in a man.

Patient will give about the following history: Doesn't feel well or hungry when he first rises in the morning; forces himself to eat some breakfast, has a better appetite for lunch, and by night is ravenously hungry, and eats a large evening meal, feels like eating again at bedtime, and sleeps better if he does eat then. Next morning feels badly again, with bad taste in his mouth, etc.

The condition of this man's stomach could be roughly given as follows: When he awakens in the morning his stomach is full of mucus, most of which has been there all night. This spoils his appetite, and he has to force himself to eat breakfast. After breakfast he goes about his business, and by his increased activity and vertical position he assists his stomach in emptying itself of the mucus—the liquids he drinks and the solids he eats helping to clean the walls of the stomach. By noon he no longer has a repulsion for food, and is able to eat with a better appetite than he did at breakfast, and by evening his stomach is in good condition to digest a large meal, and he is hungry. The very fact that he eats this large evening meal shows that there has been a great secretion of gastric juice, and as this juice is abnormally acid and irritating, we know that at some time during the night, when his food has assimilated and united with all the gastric juice that is capable of neutralizing, there will still be a quantity of this irritating juice left to cause a mucoid weeping of the gastric wall, and exaggerate his catarrhal condition, so that the next morning he will be nauseated and listless again.

The rational thing to do for the above case is to douche out the stomach before breakfast in the morning, thereby removing all the mucus, cleaning the wall of the stomach and putting it in better condition than it could possibly get into if left to itself.

The worst cases of hyperacidity that one meets will respond so rapidly to such a course of treatment that it becomes a pleasure instead of a bugbear to treat them. As soon as the catarrhal condition is relieved and the gastric juice concentration reduced to normal, the patient will be as well as ever.

I find that most of my hyperacidity patients are sufferers from constipation, and I also find that by the time their stomachs have returned to normal they have ceased to be constipated, unless there is some other definite cause for the constipation, such as hookworm. This is easily accounted for when one remembers that a hyperacidity which causes an inflammation of the pyloric end of the stomach is very apt to cause an inflammation that extends a few inches down the duodenum, thereby causing an inflammation at the duodenal end of the common gall duct, which would necessarily cause a lessening of the lumen of the bile duct and a decrease in the amount of bile which the small intestine would receive. As we know that the bile has a decided accelerating influence on the bowel movements, it is easy to see how any diminution of bile would likely cause a constipation.

Constipation is commonly treated a great deal like indigestion—that is, in a very haphazard way—and there is nothing easier than to make a constipated patient out of one whose bowels have always been normal. The principal cause of normal bowel movements is habit, and if physicians would remember that when they give a cathartic or laxative they are interfering with the established habit of years, I think that they would give less drastic laxatives than they do. Salts in any form, either as natural waters or in teaspoonful doses, are bound to

create a habit that requires more and more of the same stimulant to obtain the desired result, and all these extremely coarse "fad" foods act in just the same way, except that their stimulus is mechanical instead of chemical.

It is pathetic to see patients who have gone to some of our most famous sanatoriums for constipation and are delighted at the ease with which they have been able to stop taking medicine for their bowels. They do not know, and will not know for several years, that they have only swapped one bad habit for another, and that, instead of taking a laxative medicine, they are eating some form of last year's birdsnests which will require just as constant taking and just the same increased dosage.

When you have to give a patient a strong cathartic or laxative, you are not curing his constipation, or even benefiting it; you are simply helping to make him worse.

The mildest laxative to which a patient will respond, assisted by the proper diet, exercise and regularity, with the correction of any stomach trouble or intestinal parasites, will cure nearly any case of constipation, and, even if you fail, you have the consolation of knowing that you have not helped to make your patient worse.

No competent physician should have any trouble in treating digestive troubles, and it is not necessary that he devote a great deal of time or trouble to keeping up with the subject. If one once becomes familiar with the physiology of digestion, all treatment becomes a logical deduction; and, while there is a great deal being added to the subject all the time, nine hundred and ninety-nine cases out of a thousand will respond to the simple forms of treatment after the diagnosis is definitely made.

If one will examine the stomach content, and the stools, and make a thorough physical examination of his indigestion cases, they will soon become the pleasantest and most gratifying patients one has. Do not treat indigestions and constipations, but treat definite, tangible abnormalities, and what is first a bore will soon become a source of gratification.

CARE OF THE EXPECTANT MOTHER.*

By J. T. Palmer, M. D.,
Pine Bluff.

When we are face to face with one of God's noblest creatures, and she in the divine act of bearing a child the likeness of our Master, is there any wonder that man's imperfect brain should never cease working out some plan by which woman should have every possible protection against accident or infection?

The subject is one with which all believe they are well acquainted, yet women in gestation continue occasionally to die. Is it our fault, the woman's fault, or was she not properly created by the Master's hand? The first question can be greatly eliminated if the physician will use even the teachings of his earlier days, to say nothing of his years of varied experience. The second question can be fairly well handled by giving to the mother such earnest advice as we see she needs; and even the third question can be somewhat assisted by carefully directed efforts to relieve an inactive liver, a weakened kidney, bowel stassis, uterine mal-positions, errors in diet and hygiene.

There is scarcely a medical convention at which this subject is not dealt with at some length, and because so many women have successfully given birth without the assistance of the accoucheur, some have arrived at the conclusion that it is unnecessary to spend one's time in keeping abreast with the ever changing tide. To read a text-book, the young practitioner sometimes draws the conclusion that it is the inevitable for a labor to be normal. And wise is he who in peace prepares for war. At one time labor was considered a normal physiological process, but with added years, a few gray hairs and many wilted collars, time has found us changing.

To enter into detail in regard to the expectant mother would only bore you, and in treating this subject, should I bore you, I

*Read by title in the Section on Obstetrics and Gynecology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

trust you will not reciprocate. The expectant mother deserves all the consideration that the patient who does who is to soon undergo a major operation. When we are called to the bedside of a woman in confinement, find a hand presentation, an undersize pelvis, feet and ankles swollen, and a thumping headache, it is then rather late to make an introspection examining ourselves hastily to decide what shall be done. What should have been done should have been done months prior to the confinement, trying to examine weekly specimens of urine, noting the presence of albumin, indican, and the daily output of urea, correcting such pathological condition as might have been possible, thereby preventing the storm that is now about to sweep us from our feet. Here is where prophylaxis in grain doses is worth tons of cure. Prepare the mother for this great ordeal. It is not always an ordeal with some women, but some cases are sad to behold, and with timely intervention might have resulted differently.

We are all too anxious to do the major operations, and pay too little attention to the very things that make for health and happiness in the home. Just fail to tell the woman she has a lacerated cervix, leave that perineal tear unsutured, and see what condition your patient will have arrived at in only a few years of stress and strain. Yet I dare say every man in the audience has seen this very condition within the past few months.

Exercise judiciously carried out will go a great way toward giving the expectant mother an easy time during confinement. It has been said that the more civilized we become, and the further from nature we get, the more difficult it is for women to bear children. This I doubt very much. The main trouble is, the further from nature we get, the less exercise and work some women are required to do, thereby causing the entire system to fail to do its duty, due to faulty elimination. The woman who does her housework and the woman who will persistently take her regular amount of exercise will be those to give less trouble during labor.

It is the opinion of the writer that the toxemia of pregnancy gives rise to more trouble than all other pathological conditions combined. Now, the direct cause, or causes, producing this toxic condition continues to baffle the most learned physicians today. To me it is not simply the added work due to extra weight of the foetus that is thrown on the mother's physiological economy, for the same mother in older years may increase in weight that will far outproportion the weight of foetus in utero, and experience no trouble whatever simulating the pathological conditions found during pregnancy. There must certainly be a great strain on the mother's system to produce a complex body that has every tisue, every organ that is found in hers. This wonderful process certainly must weaken her fighting capacity throughout her entire body, rendering her more susceptible to the various bacteria found in the body, producing a lowered vitality. Perhaps in the past too much attention has been given to albumin in the urine and too little attention given to the solid content. You have seen the urine free of albumin, and during confinement the patient have a convulsion. Why? Because we were looking for albumin when we should have been looking far more closely for the amount of urea excreted daily. If there is not the normal amount of the daily output of urea, there is almost certain to be a storm coming during labor. Testing for urea is as easily done as for albumin, and in the minds of no few it is of far greater importance.

Called to a patient in confinement, one should first ascertain the arterial tension; second, inquire if the bowels and bladder have been recently evacuated (and be sure to find out if the patient has taken freely of senna and used a bounteous portion of "Mothers' Friend"). Then, after quieting the patient's fears, the writer says make a thorough digital examination. Not to do this in a case of partial placenta previa, or hand presentation, would lead us into deep water. And how do we know these conditions from others until we have diagnosed them? If the hand is well gloved with a sterile glove, an infection from you would be rather unlikely, and I consider far less dangerous, than to permit the labor to progress without the examination. While it may not be necessary to shave all cases, but if the mons is profusely covered, it might be the better policy to do so. Whether shaved or not, it is a wise plan to sterilize the vulva, and further precaution may be had by keeping the vulva well covered with

sterile or bichloride gauze. I consider this absolutely an essential. The more bold might say this was superfluous, yet we have seen, and especially so in primipara, the head coming down with each pain, stretching the vulva sufficiently for numerous bacteria to enter. When the physician has blocked every route of infection, both from the standpoint of the mother and himself, he has done one of the most important things that go toward making a happy and successful delivery.

As to anesthetics, the writer leaves off that for the last thirty minutes, as near as can be ascertained. The too early use of an anesthetic will, in many cases, undoubtedly induce inertia, as I have seen. Even when the head is presenting have we seen chloroform cut short the pains and unnecessarily prolong labor an hour or more. In many cases if the labor is slow and perineum well deadened by the constant and gradual pressure of the presenting head, one will frequently have no need of chloroform. But if the delivery is rapid, the passing of the head over the undeadened perineum will be quite painful, and an anesthetic is permissible. But in the majority of favorable cases, if there is not too much fuss made, it is my plan to leave off the anesthetic entirely, for I believe the danger induced by chloroform anesthesia is of sufficient importance to cause us not to attempt to lessen one danger by substituting another.

Forceep delivery, in my mind, is very essential, and saves many a miserable hour for the nervous mother. Yet, for the sake of saving time for the physician, I cannot too emphatically condemn such a pernicious practice. The forceep should be employed only when we see that further delay will not advance the case, and with further delay there is danger to either the mother or child. And under no consideration use forceeps unless the case absolutely warrants it for the safety of the child or mother. I have tried pituitrin recently for slow labor or inertia, and found that it served admirably in such cases, and do not hesitate to use it in the multipara where there is no obstruction in the parturient track, or indications of too high blood pressure.

I take no stock in the many vaunted methods now in vogue for the protection of the perineum. The one main thing to prevent the perineum from tearing is not to allow the presenting part to be delivered too rapidly. Hold the presenting part back until the perineum has had plenty of time to stretch to its full capacity. This cannot be measured by minutes or inches, but by experience only. And when the head is born, do not hurry, unless occasion demands, but gently make traction in order that the shoulders may be delivered without too much tension on the perineum, and to give time for the uterus to contract.

The writer has never yet seen but one woman, after hours of suffering and anxiety, that would permit him to knead the uterus by Crede's method and deliver the placenta, especially if the placenta was the least difficult to remove. It has been my method to employ Crede's method in part, and introduce the hand into the vagina, and, if needed, grasp the placenta and rotate it in its bed, being sure to not make downward traction of any consequence. Thus the placenta is loosened and the hand in the vagina sets up uterine contractions, and the placenta usually comes away without much trouble.

I am opposed to any and all forms of douching in labors that are in a measure normal. In those cases where there is some degree of subinvolution and the uterus in a softened, boggy condition, a hot saline solution used as a douche will do great good. But in no instance does the writer use the douche in normal conditions, in order to attempt to preclude some infection. For here I think nature has well supplied the patient, and we had better be careful where we tread. I would not have you believe that all labors can be conducted without sometimes an infection, for in the primipara there is usually more or less laceration, and the lacerated cases are the more likely to be infected, on account of bacteria entering more easily the torn parts than passing through the mucous membrane, or having the opportunity to enter the uterus and pass into the venous or lymph channels. The vagina and lower portion of the cervix holds the bacteria, if they are to be found anywhere in the parturient track, and it is usually the lower portion of the vagina and cervix that receive the tears. And it is on this account, of the perineum being exposed to contamination, that it should be repaired immediately,

and better before the placenta is removed. The cervix being so soggy and soft that it is better deferred to a later date, and insisted upon. Do not wait until the uterus or its appendages have become infected, but do the work early and save a major operation, which is almost sure to follow if the cervix is left unrepaired for too long a period. It may be possible that these lacerations of the cervix do not only lead to an inflammatory condition of the uterus and its appendages, but to carcinomatous conditions. And when the sensible mother is informed of such conditions existing, she will usually and gladly accept anything her physician may see fit to do for her comfort and welfare.

The abdominal band, if properly applied, will give great relief to the mother whose abdominal muscles have not yet attained their proper retraction. It will give her a sense of relief from the muscular relaxation. But if this band is applied too tightly, you may look for trouble in the way of mal-positions of the uterus, for these conditions will likely follow.

A great deal has been written regarding the lying-in period, and well that this is true; for a great deal depends on the mother's future health, as to the time she may be out of bed after delivery. As to the lying-in period, no definite rule can be laid down, on account of the fact that one woman's uterus will be practically as small on the third or fourth day as another woman's organ will be fourteen days later. Hence, the time for the woman to begin sitting and walking will be governed by how involution has progressed. This should be ascertained in cases suspected of not having done well by a thorough digital examination, which will reveal to the physician such information as he desires. If everything has gone well, I see no reason why the mother should not be allowed to sit at the end of ten days, and a few days later walk around in the house. But at this period, if the uterus has not reached the period where the fundus disappears behind the symphisis pubic, the patient should not be allowed to get out of bed, and should be kept in bed until the fundus has hidden itself behind the symphisis pubis.

TREATMENT OF EARACHE.*

By J. F. Crump, M. D.,
Pine Bluff.

There is no condition that we, as general practitioners, are called upon to relieve that gives us more trouble than acute otitis, or earache. How many of us have lost some hours of needed repose trying to relieve an earache in some of our own little ones, to say nothing of the times when some mother calls on the phone in the middle of the night and says, "Doctor, baby has earache. Can you tell me something to do for it?" I confess that I have had many trying experiences along this line, both at home and abroad.

The etiology, etc., is well understood by all of you, therefore, I shall pass that by and try to give you some practical suggestions for the treatment of this painful condition.

Let me say, in the beginning, that every doctor should have a head mirror and a set of ear speculums, and should examine the ear drums in every case of earache, also in every case of fever and convulsions in children that cannot be readily accounted for otherwise.

In every case you examine, do not fail to get a good view of the drum membrane and note if it is retracted, indicating stoppage of the pharyngeal end of the eustachian tube by adenoids or enlarged tonsils. If the drum has lost its normal pearly appearance, and is red and congested, or if bulging and has fluid behind it, either serous or purulent, in case of serous fluid the membrane will present an appearance resembling a piece of silk or tissue paper floating on water, as near as I can liken it. If there is pus, the yellowish, muddy appearance of the drum will indicate it.

In the first two conditions, the treatment indicated is to relieve the pain and make the patient as comfortable as possible until such time as the fluid will be absorbed or the air pressure equilibrium is restored.

*Read by title in the Section on Diseases of Children of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

The instillation of five drops of the following anodyne every three hours will relieve the pain in almost every case: Atropine sulphate, gr. ¼; cocaine hydroch, gr. v; adrenalin, dram j; carbolic acid, gr. v; glycerine, q. s. dram jv.

If this anodyne, antiphlogistic treatment fails to relieve the trouble, and a purulent condition supervenes, then incision and drainage is indicated. The drum membrane should be anesthetized by applying to it on a wisp of cotton a few drops of equal parts of cocaine, carbolic acid and menthol, leaving it in contact with the drum for a period of fifteen to twenty minutes, after which the drum may be incised without pain. Pass the knife, either by sight or touch, back along the posterior superior wall of the meatus, and push through the drum, then move knife downward and slightly forward, making a good free opening. Do not be afraid you will make it too large, as we seldom make them large enough. No injury will be done the ossicles if you pass the knife as indicated. The knife will strike the hard bone of the promontory, and a great deal more than ordinary force would be required to penetrate that particular piece of bone.

After free incision and good drainage is established, pack external meatus loosely with absorbent cotton, changing as often as it becomes soiled. No irrigation is to be practiced.

The incision in the drum will heal in a short time—in fact, too rapidly, sometimes.

If the general practitioner will prepare himself and treat these conditions intelligently there will be fewer mastoid operations to perform and fewer chronic suppurating ears.

REPORT OF SOME RARE AND INTERESTING EYE CASES.*

By L. H. Lanier, M. D.,
Texarkana.

Rare cases generally have only an academic interest, and are thought to be of little practical value to the practitioner; and, while the cases I shall report are admittedly rare, they are apt to occur in any man's practice, and this paper is intended to teach the importance of thorough search for the cause of every case of ocular trouble, and the equally noteworthy fact that special skill and diligence is necessary to obtain successful results. The first case history I shall review is one of cyst of the iris.

Case No. 1.—Mr. B., age 32; laborer; German; married. Presented himself at my office in October, 1911, for examination. Family history, negative.

Personal history: One month before consulting me, suffered from effects of end of horse whip striking right eye. The left eye had never been inflamed. The inflammation in the right eye subsided three or four days after injury, and it gave no more trouble until a few days previous to consulting me, when he noticed itching and burning and impaired vision.

Examination revealed a cyst of iris of right eye, situated on temporal side and extending to the pupillary aperture, and from the lower border of iris to a line parallel with the upper margin of pupil. No pain, no redness; vision for some reason not as good as formerly, but little of the pupillary area covered by the cyst. Tension slightly increased. The cyst was serous, seemed to project into anterior chamber about one and one-half mm. There was some iris pigment on surface of cyst.

Operation was done, and a supposedly complete extirpation accomplished. However, in about three months the tumor again appeared on the remaining iris, left on temporal side. I then excised it again, and the patient has had no further trouble.

Case No. 2.—Patient, male, age thirty-four; French. When first presented to me he gave the following history:

When eleven years of age, while celebrating his brother's birthday, he found a signal torpedo, used on railways. He placed the torpedo on a brick and threw a heavy rock against it. The torpedo exploded, and the larger part of the shell was blown into the eye, passing in a glancing direction through the lower lid, through the anterior part of the optic nerve, into the orbital tissue and recti muscles of the eye.

A physician was called at once, who sewed the incision on the lid and treated the eye, and it seemed to heal. Nothing else was done for six months, at which time the patient consulted a specialist, wishing to wear an artificial eye. An operation was done, partial enucleation of the ball. The eye did

*Read by title in the Section on Practice of Medicine of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

well after the operation, and after one month an artificial eye was placed in the orbit. The patient has worn an artificial eye ever since, always experiencing pain and discomfort and considerable irritation. The inflammation became so great, and the pain so acute, that the patient ceased to wear his artificial eye nine months before consulting me.

When the patient came to me there was a violent inflammation of all the remaining part of the eye, and of the conjunctiva, neuralgic pains, and initial symptoms of sympathetic ophthalmia. The patient, when told that a foreign body was in the eye, doubted it very much, until the point of the magnet was placed near the eye, the pain and pulling of the remaining part of the ball forward in the orbit caused him to think as I did. The patient consented to an operation, and I dissected out the piece of metal, which was three-fourths of an inch in length and three-eighths of an inch in width. The metal seemed to be tin. It was completely encysted and situated obliquely in the orbit, with the posterior end near the origin of the internal recti muscle.

The wound healed in a few days, the symptoms of sympathetic opthalmia subsided in a few hours, and patient made an uneventful recovery. From this we are forced to conclude that the physician and specialist who first treated him, and later partially enucleated the ball, should have located and removed the foreign body, even though this happened twenty-two years ago, when the x-ray was unknown and magnets not nearly so good as they are not. It is also interesting to note how long this piece of metal had remained in the eye before causing symptoms of sympathetic ophthalmia.

Case No. 3.—Woman, aged twenty-six; German; illiterate; weight, 120 pounds; general health fairly good. Was brought to my office in March, 1904, suffering with panophthalmitis in the right eye, with the initial symptoms of sympathetic ophthalmia in the left eye. Her father stated that when a girl of four years she in some way suffered from the effects of a long splinter which penetrated the eye. He said they pulled it away, but the girl had never had any vision in that eye since. He also said that she had never since that time slept well at night, was nervous, experienced pain at all times, and that he had decided to have something done. As paradoxical as it may seem, he had never consulted a physician or had her examined in all these years. I explained that she could not put off operative interference any longer if the left eye was to be saved from the effects of sympathetic ophthalmia occasioned by an acute exacerbation of the old trouble in the fellow eye. They consented to an operation at once. I called a consultant, had her under the influence of anesthetic in a few minutes, and proceeded to enucleate the right eye. After removing the eye and examining it, found that the splinter which penetrated her eye was two millimeters in breadth and eleven-twelfths inch in length, completely encysted, and fairly hard and well preserved. The patient rested better that night than at any previous time since the injury, years before, and made an uneventful and rapid recovery.

Case No. 4.—Male, age twenty-four; healthy; German. One year previous to consulting me was severely burned by an explosion of babbitt metal, a handful being thrown directly against right eye, the integument, both supra and infraorbital, being burned away from the margins of the lids to one-half inch below and above. The eye was destroyed, so far as vision was concerned, and one-half of it burned away. This patient was attended by a physician who allowed the lids to heal together, leaving, when healed, a patient with an unsightly appearance, with the remains of the injured eye suppurating, with no place for drainage. Eventually an outlet was made at the inner canthus for drainage, one millimeter in width. This became a fistulous sinus, allowing poor drainage, and when the initial symptoms of sympathetic ophthalmia appeared the patient came to me. I advised immediate operation. He consented. I enucleated the remains of the eye, after incision along the former palpebral aperture. I then shaped a piece of lead wire the shape of the orbit, with its two ends protruding. These I bent at right angles over the canthi, then packed with moist bichloride gauze. All the cicatricial tissue was removed from the face and the raw surface dressed with moist dressing. In twelve days I grafted skin from arms and covered the healthy looking granulations over the raw surfaces. In thirty days more the patient's face had the appearance of any healthy individual, except the absence of the cilia of the lids. Sixty days from date of operation I placed an artificial eye in right orbit, and am indeed proud to say the patient looks none the worse for his many sad experiences.

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Editorials.

PURE FOOD WELL COOKED.

There is some truth in the assertion that neither states' rights nor slavery, but the frying pan, brought on the civil war; for frying encapsulated the food in a layer of fat impervious to the digestive juices and the resulting indigestion aroused the mutual enmities and berserker rage of our fathers. America is pre-eminently the land of the deadly hot bread, the sinker, the flapjack, the Bingo frankfurter, the quick lunch, dyspepsia, with its consequent neurasthenia, and the stomach bitters, which often approximate whiskey in alcohol content. It would not be difficult to prove that "bad cooking has driven many a man to drink." Not only are our meats often badly cooked, but also vegetables are frequently boiled in a way which deprives them of their characteristic odor and toothsomeness. We make other dietetic errors when we sugar our salads and salt our fruits. There would seem to be among our people, in larger measure than elsewhere in civilization, a contempt for the culinary art, as if it were beneath notice, or decadent, or savoring of the effete old world. Yet what in life can be more essential than the right preparation of substances which are to keep the human machinery going, in order that the best may be got out of it, with fewest slowings down or interruptions?

In the old world the relation of zest and fragrance to food is held vital, and justly so. Great Europeans, indeed, have seriously interested themselves in such matters. It is a dictum on the Continent that the saucier is born, not made. On numerous occasions the elder Dumas invited friends to dinner, personally prepared the most succulent dishes, and then, exchanging his cook's attire for his dress clothes, regaled his cronies with the products of his "noble art." Montaigne wrote a notable book on the science of cooking. Frederick the Great praised his cook in verse—the former being much better than the latter. Lord Bacon thought it no shame to bend his mighty intellect to the problems of the kitchen. The composer Rossini composed salads as symphonic in their way as his operas, and regretted that by reason of his neglected early education he could not have made cooking, rather than music, his profession. In Brillat-Savarin's great work, "The Physiology of Taste," are axioms as profound—at least as entertaining—as ever Plato or Epictetus set down. For example:

"The education of the tastes and the appetite should be an index of the degree of civilization."

"Digestion, of all bodily functions, has most influence on the morals of the individual."

"A good dinner is but little dearer than a bad one."

"The most momentous decisions of personal and of material life are made at table."

"The fate of nations depends on how they are fed."

"The man of sense and culture alone understands eating."

"The discovery of a new dish does more for the happiness of the human race than the discovery of a planet."

Louis XVIII invented a famous dish—which is perhaps the best thing he ever did for his people. The Prince of Conde won international fame as the inventor of an

improved bean soup. Richelieu, Colbert and Mazarin were celebrated for like achievements.

It does not follow that, in emulation, our chief magistrate should add to his already illustrious services by donning an apron and inventing an entirely original sauce Princetonaise; or that our genial secretary of state should aid our visitors from foreign courts to forget the episode of the unfermented grape juice by evolving for their delectation a consomme a la Commoner. But our fellow-citizens and their better nine-tenths, and our doctors, and most emphatically our nurses, ought to make pure food well cooked a matter of serious national import. The only animal which cooks its food is man, and this is a badge of distinction from the brute. We cook food for at least four reasons: To sterilize it, to make it nutritious, to render it more easily digestible, and to improve or vary its flavor. The last of these, in the opinion of the Journal of the American Medical Association, is at least as important as any of the others. When the gustatory nerves tingle in response to the stimulus of some rare condiment or aroma, the saliva flows in joyous excitement, and the digestive juices, by whose benign influences food is transformed into nourishment, respond in salutary and fullest measure. The simple and pleasant way to bring this about is to pay proper attention to the flavor of food.

THE COMMON TOWEL.

This household infection spreader is abhorrent and repulsive to a person who has been used to an individual towel. It is difficult to understand how anyone can wipe his face on a soiled, damp towel that has been used by all the other members of the household. But custom is a great factor in molding habits and allaying prejudices, hence the necessity of pointing out at least one reason why the common towel is dangerous. There are many germs which will attack the eyes and cause inflammation providing the eyes are in a favorable condition for the germ to develop at the time of its introduction. A germ which at one time will grow in the eye and cause inflammation will at another time be perfectly harmless. Germs which are harmless to one's self may be exceedingly poisonous to another person and cause dangerous inflammation of the eyes. For hygienic reasons the common towel should be abolished in every home.

SUICIDE WITH BICHLORID OF MERCURY.

Some weeks ago considerable publicity was given a case of accidental poisoning from bichlorid of mercury tablets. The case was so "featured" as to lead the public to infer that corrosive sublimate poisoning was not only a sure, but also a painless route to the other world. Since this accident, the papers have chronicled, almost daily, cases of suicide in which bichlorid of mercury was the drug used. There is no doubt that many unstable persons, who in fits of depression contemplate suicide, are restrained from taking the fatal step by the dread of the unknown agony they may suffer in committing it. To such, the knowledge of a sure and painless method of death removes the only restraining influence left. It is fitting, then, says the Journal of the American Medical Association, that the public should know that there are few modes of suicide more painful and in which the agony is longer drawn out than that due to the taking of bichlorid of mercury. If this fact were given the same publicity that was accorded the case of accidental poisoning, there is little doubt that the corrosive sublimate method of self-destruction would cease to be the fatal fad it has recently become.

Personals and News Items.

Dr. William Breathwit of Pine Bluff has returned from an extended trip East.

Dr. W. E. Hughes of Walnut Ridge has located at Manson.

Dr. Henry Heiman of New York City visited friends in Little Rock last month.

Dr. and Mrs. J. P. Runyan and Dr. and Mrs. C. E. Witt have returned from a month's stay in Colorado.

Dr. E. N. Davis has returned from Kansas City.

Dr. Robert Caldwell of Little Rock and Dr. John F. Rowland of Hot Springs are

attending the eye, ear, nose and throat clinics in Vienna.

Dr. J. H. Smith of Trenton has moved to Nineteenth and Brown streets, Little Rock.

Dr. B. L. Harrison of Little Rock has moved to Jonesboro.

Dr. Bert L. Ware has moved from Jenny Lind to Greenwood.

Dr. M. S. Alexander of Weiner has moved to Truman, Poinsett County.

Dr. Robert Weimer of Hot Springs is spending the summer at Appleton, Wis.

Dr. and Mrs. Rudolph Froelich of Stuttgart recently visted friends in Heber Springs and Little Rock.

Among the physicians visiting Little Rock during the past month were J. W. Miller, Griffithville; B. L. Harrison, Jonesboro; C. W. Rascoe, DeWitt; H. H. Niehuss, El Dorado, and F. T. Murphy, Brinkley.

ADVERTISING.

(Chapter II, Section 4, Principles of Medical Ethics.)

Solicitation of patients by circulars or advertisements, or by personal communications or interviews, not warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession, and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physician, is the establishment of a well merited reputation for professional ability and fidelity. This can not be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary, simple business cards, being a matter of personal taste or local custom, and sometimes of conveience, is not per se improper. As implied, it is unprofessional to disregard local customs or offend recognized ideals in publishing or circulating such cards.

MEDICAL BOARD ELECTS.

At a recent meeting of the State Medical Board of the Arkansas Medical Society, the following officers were elected:

President, Dr. J. C. Wallis, Arkadelphia.
Secretary, Dr. W. S. Stewart, Pine Bluff.
Treasurer, Dr. M. Fink, Helena.

The next meeting of the board will be held on the second Tuesday in November, when applicants for examination for licenses will be held.

VACCINATION.—VACCINATION AGAINST SMALLPOX IS THE MOST EFFICIENT SAFEGUARD EVER CONTRIBUTED TO PREVENTIVE MEDICINE AGAINST WHAT WAS ONE OF THE WORST DISEASES. WERE EVERYONE PROPERLY PROTECTED BY VACCINATION, SMALLPOX WOULD CEASE TO EXIST. ANY SYSTEM OF MEDICAL INSPECTION OF SCHOOLS, THEREFORE, SHOULD SUPERVISE VACCINATION IN SCHOOL CHILDREN, NOR WOULD CHILDREN BE ALLOWED TO ATTEND SCHOOL UNLESS SUCCESSFULLY VACCINATED OR SHOWN TO BE ONE OF THOSE OCCASIONAL INDIVIDUALS WHO ARE NATURALLY IMMUNE TO BOTH SMALLPOX AND TO VACCINATION.—U. S. Public Health Report.

Communications.

DR. C. R. SHINAULT.

Benton Harbor, Mich., August 18, 1913.

We have just concluded a visit to the "House of David" and all of its possessions, which is a veritable miniature city, with all of its component parts, even down to its own miniature steam locomotive and a train of little cars, which seat one passenger in front of the other and circle over a mile, and stop at all points of interest. This was barren hillsides and ravines ten years ago. After one becomes a convert he surrenders all of his earthly possessions to "Benjamin and Mary" and falls in and works in contentment, and thereafter they are neither permitted to shave nor cut their hair, unless, I imagine, one should drift into the fold who could produce a better "crop" than Benjamin, which, I suspect, would prompt them to keep him sheared below par, as was

the fate of Samson. They manufacture everything except hair and whiskers, and, judging from the feeble efforts of nature to produce on some of them, I imagine they will eventually include a hair and whisker factory.

The main object of my writing this is to especially make mention of their apparent contentment, which is similar to the peasantry of the old countries, for the peasantry are impressed early in life that they will never be kings nor czars, and such like, and, therefore, become content to let the other fellow do the worrying; which, after all, is not bad. Whereas, in our country, the possibilities of statesmanship, even up to the presidency of our great commonwealth, is drummed into every chuckleheaded son of a mother from the time he is five years old, causing a perpetual unrest and a clamor to go higher by ousting the other fellow through fair or unfair means, since it appears everything is fair in politics. This, I suppose, is still better, for it is a more progressive way, and everything emanates from progress, and progress is only the offspring of competition. Still, it is a more strenuous life, and sometimes tempts one to sidestep long enough to take in a little graft lucre to enable him to keep abreast with his competitors.

Nothing of this kind in the realms of the "House of David," outside the sacred palmar surfaces of "Benjamin and Mary," for Benjamin is the king of hypnotists since the days of Eddy, Dowie, and the great sire, Brigham Young.

The point I am driving at is that human contentment is gold, and there is but one way to get such gold, and that is by tranquilizing the mind—whether through hypnotic or true teachings, and never by the instillation of envy.

DeWitt, Ark., August 30, 1913.

Editor The Journal of the Arkansas Medical Society:

Dear Doctor—I am in receipt of copies of the resolutions of the county medical societies of Benton, Sebastian and Washington counties regarding the advertisement of a prominent surgeon; also read same in the Journal, and I was surprised to see that it was a second offense. I earnestly trust that he can and will explain this breach of ethics to the satisfaction of the medical fraternity of Arkansas. I shall not say anything in his defense, as he is fully able to care for himself. It is hard for me to believe that he did this willfully and intentionally, and I shall give him the benefit of doubt until I know more of the facts.

The time is ripe, however, for a better understanding along these lines, and this occasion gives opportunity to agitate the matter till "we know where we are at." Not all the quacks advertise in the newspapers, and we have just as arrant quacks and just as flagrant breaches of ethics by some of the most prominent members of the profession as can be found, but they have not been caught at it, or, rather, no one has entered complaint against them.

I will not go into details, though they can be supplied if necessary, but I wish to call attention to a condition that has been overlooked by the profession, that sooner or later must be dealt with. There are many physicians who own, partly or entirely, drug stores in various parts of the state; in fact, all over the United States. In some their names appear; in others the stores are run under names of companies or pharmacies. A few are pharmacists, a few more are registered under the law, but most of them simply have an interest or own them as previously stated.

Now, these stores run advertisements of the worst proprietaries and frauds ever put out on a long suffering people. Is not the doctor endorsing them to the limit, and what is the difference, if any, between him and any other advertiser of frauds? Will he hide behind the plea that the makers of them do the advertising? In case he is a legally qualified and registered pharmacist, and is practicing medicine, just where does the one leave off and the other begin?

Just what will be legitimate advertising for the combination? I am a graduate, have taken and passed the required examinations, and am legally qualified and registered in this state and others as a pharmacist. I have served as such in drug stores, but I have never let my name appear in any advertisement or in any way endorsed any such advertising at any time. I am a member in good standing of both associations, and my papers and my work in the pharma-

ceutical bodies have called attention to these very things.

There are many physicians who are compelled to carry and dispense their own drugs. Why should they not be allowed to advertise the fact as well as a doctor who has a drug store that advertises and endorses proprietaries, fakes and frauds?

While we are examining ourselves, why not try to enforce the law against those of the profession who drink to excess, are drug habitues, who are guilty of immoral conduct? No one wants the job of preferring charges against them, yet they are a menace to the public and the medical profession.

We may have opened Pandora's box in this article, but I am sure those physicians who own or are interested in drug stores, who must dispense their own drugs, would like to see the thing brought out clearly, and the sooner, the better—"lest we forget," and "lest we strain at a gnat and swallow a camel." Fraternally yours,

E. H. Winkler.

Secretary-Treasurer Arkansas County Medical Society.

Abstract From Current Scientific Literature.

TUBERCULOSIS.

Calcium and Arsenic in Tuberculosis (A. B. Jackson, New York Medical Journal, May 24, 1913).—Recognizing the necessity for some drug to aid the sanatorium treatment of tuberculosis, the author found that arsenic and calcium gave best results. He has tried calcium cacodylate injections, along with a glycerin solution of calcium iodide and ferrous iodide (10 grains and 1½ grains respectively to the drachm) internally, with very satisfactory results. The calcium cacodylate contains a larger proportion of arsenic than the sodium salt. Daily intramuscular injections of three-fourths of a grain are given for a week, then every other day for four or five weeks, or longer. Five cases are described, and the author urges others to investigate further this line of treatment.

Iodoform Injections in Pulmonary Tuberculosis (J. B. Coleman, Dublin Journal of Medical Science, May, 1913).—The author adversely criticises this method of treatment (see Prescriber, May, 1913, p. 182). Objections to intravenous injections of iodoform are: (a) iodoform is a weak germicide not fatal to bacteria; (b) it is not monotropic for the tubercle bacillus; (c) it may produce toxic symptoms and in some cases it is harmful to the eye; (d) the injection of iodoform is liable to be followed by severe attacks of coughing, and thereby submits the patient to the risk of haemoptysis or of pneumothorax.

SYPHILIS.

Salvarsan by the Mouth (J. A. Kolmer and J. F. Schamberg, Journal of Experimental Medicine, May, 1912).—The authors find that salvarsan, administered by the mouth in doses of 0.1 to 0.6 gm., has a perceptible, though feeble, therapeutic effect on cutaneous syphilitic manifestations. Such administration does not appear to give rise to symptoms of systemic arsenical poisoning; and it is evident that salvarsan is not converted in the gastro-intestinal tract into an organotropic arsenical compound, but possibly remains practically unchanged.

Local Application of Neosalvarsan (Melun, These de Paris, 1913).—Believing that in many cases the untoward effects of salvarsan are due to its oxidation into a highly toxic compound, the author tried a mixture of the salt with liquid paraffin, ten per cent strength, for local application in the treatment of soft chancre. The paraffin prevents oxidation, and toxicity is prevented. The best results were obtained by the use of neosalvarsan in the same manner. It is less irritating, and does not coagulate albumin, at the same time penetrating more thoroughly the pathological structure. Cicatrisation of the soft chancre occurs very rapidly at first; afterward the healing process is less rapid, though even large, soft phagedenic processes yielded in from six to twelve days.

A Sterile Suspension of Salvarsan (Prosper H. Marsden and Bishop Whalley, Pharmaceutical Journal, April 26, 1913).—A sterile suspension of salvarsan for intramuscular use may be prepared as follows: An excipient is prepared by heating equal weights of anhydrous lanolin and sesame oil in an air oven for ten minutes at 110°. The ampoules and agate mortar are heated to a temperature of 120° for half an hour.

For filling the ampoules a record Erhlich-Hata syringe of 10 c.c. capacity is used. The method of sterilizing this is by filling

and emptying the syringe several times with liquid paraffin which had been previously heated to 110°.

The filled ampoules are placed immediately upon ice to hasten the setting of the suspension and prevent the salvarsan from depositing, and sealed up in a Bunsen flame. When required for use, the filled ampoule is immersed in warm water for a few minutes, dried, and opened at a file mark, then drawn into the syringe and injected into the deep muscles of the thigh.

Gold and Potassium Cyanide in Lupus and in Syphilis (C. Bruck and M. A. Gluck, Munchener Medical Wochenschr., January 14, 1913).—The authors report favorably on the use of intravenous injections of gold-potassium cyanide in lupus vulgaris and in syphilis. Having determined the lethal dose of the salt by experiments on animals, they fixed the amount of injection at 0.02 to 0.05 gm. for adults, and 0.005 to 0.03 gm. for children. A one per cent solution is taken, and the required dose mixed with 50 c.c. of normal saline solution, and injected intravenously every second or third day to the extent of twelve injections. If properly injected into a vein the treatment is quite painless. Forty-eight hours after injection a local reaction, similar to that produced by tuberculin, is observed. The effect of the injections on lupus vulgaris is undeniable; in syphilis the results are also good, but are said to be inferior to those given by salvarsan. The authors have very little experience of the effect of the treatment on pulmonary tuberculosis.

PEDIATRICS.

Neosalvarsan in Scarlet Fever (L. Fischer and M. Nicoll, Pediatrics, April, 1913).—The authors advise intravenous injections of neosalvarsan in severe septic cases of scarlet fever. The dose was 0.2 gm. dissolved in 40 c.c. of plain sterile water. Notes of five cases are given.

X-Rays in Enlarged Tonsils and Adenoids (W. Stewart, British Medical Journal, May 31, 1913).—The author publishes a series of tonsil and adenoid cases which have derived benefit from *x*-ray treatment. A hard tube was used, the rays were filtered, and not more than a half Sabouraud dose was allowed to pass through any given area of skin. This method of treatment certainly takes longer, but the child suffers no shock. Surgical measures are objected to because tissues having a definite function are removed, and there is a possibility of disseminating tuberculosis in the case of tonsils which owe their enlargement to that disease.—The Prescriber.

County Societies.

INDEPENDENCE COUNTY.

(Reported by Dr. O. J. T. Johnson, Sec.)

Batesville.—The Independence County Medical Society met in this city August 4, with the following members present: O. L. Bone, Cushman; L. T. Evans, Barren Fork; J. Hayden and P. Jeffrey, Bethesda; T. N. Rodman, Newark; J. W. Case, S. Craig, R. C. Dorr, F. A. Gray, C. G. Hinkle, J. H. Kennerly and O. T. Johnson, Batesville.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Sec'y.)

Pine Bluff.—The Jefferson County Medical Society met in this city September 2, with the following members present: Drs. Breathwit, Crump, Luck, Lemon, John, Palmer and Woodul.

Following the scientific session, a motion was introduced and carried, and a committee appointed by the chair to prepare for a banquet for the members of our society some time in November at the new Hotel Pine.

On August 28 the Jefferson County Medical Society gave a smoker in honor of Dr. Von Erzdorf, of the Marine Hospital Service. Dr. Von Erzdorf gave an interesting talk on the mosquito at large, which was greatly appreciated.

Book Reviews.

Anatomy, Descriptive and Applied.—By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons, lecturer on Anatomy at St. George's Hospital Medical School, London. New (American) edition, thoroughly revised and re-edited, with the ordinary terminology followed by the Basle anatomical nomenclature, by Edward Anthony Spitzka, M. D., Director of the Daniel Baugh Institute of Anatomy and Professor of General Anatomy in the Jefferson Medical College of Philadelphia. Imperial octavo, 1,502 pages, with 1,225 large and elaborate engravings. Cloth, $6.00, net; leather, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The revision for this edition has been very thorough. Every line has been critically

considered, and the whole work has been brought abreast of the latest knowledge of anatomy and the most approved methods of presentation. A feature in which Gray has always been unique—the engraving of the names of the parts directly on the illustration—is carefully preserved. The student is thus enabled at a gance to visualize the name of the part, its position, extent and relations, thus photographing in the memory knowledge otherwise painfully diffieult to retain. Colors are abundantly used, and dissecting directions accompany the deseriptions of the parts. A superb index comprising both terminologies in a single alphabet completes all the service which it is possible for a book to render. Its combination of unrivaled engravings and an incomparably clear text, reflecting the life work of many of the world's masters of anatomy, and its peculiar quality of presentation, whieh facilitates to the utmost the acquisition and retention of a sound knowledge of its subject, have maintained it in the premier position of all text-books on anatomy for over fifty years, and it was never stronger in attraction or farther in advance of its competitors than in this new edition.

An Introduction to the Study of Infection and Immunity, Including Serum Therapy, Vaccine Therapy, Chemotherapy and Serum Diagnosis.—By Charles E. Simon, M. D., professor of clinical pathology and experimental medicine, College of Physicians and Surgeons, Baltimore. New (2d) edition, thoroughly revised. Octavo, 325 pages; illustrated. Cloth, $3.25, net. Lea & Febiger, publishers, Philadelphia and New York, 1913.

The exhaustion of the entire first edition of this work in less than a year shows beyond question that it is a book of great value and utility to the practicing physician. On glancing over the table of contents, it is obvious that each one of the chapters is worth many times the price of the volume, because of the fund of new and important information contained and the new ideas which are set forth. The marvelous advances of modern experimental medicine have placed within the reach of the profession new methods of diagnosis, therapeuties and prophylaxis, more exact and effective than anything hitherto known to medical science, and the physician who would possess this new knowledge and master its many practical applications will find them presented in this work clearly and succinctly, and in an easy and graceful style. The most notable achievements of the past year have been embodied. These inelude sections on auto- and normal serum therapy, on the chemotherapy of pneumococcus infections and of cancer, and on the serum diagnosis of pregnancy (Abderhalden's Test).

CONSCIENCE AND VACCINATION.

To anyone to whom figures mean anything, or who is willing to accept the absolutely undoubted results of experience, vaccination as a preventive of smallpox is an established fact. If the good of the whole people is to be regarded as a principle of disease prevention as it is in other matters of government, then vaecination should be universally compulsory. That it is not so is a reflection on the good sense and good judgment of enlightened people. In such a well-governed country as Great Britain, where vaccination may almost be said to have originated, or at least where it was placed on a definite basis by the discovery of Jenner, vaccination is still a matter of conseience. That is, anyone who asserts that he has conscientious objections to vaccination may be permitted to set aside the regulations of the health authorities, whieh would protect everybody from a loathsome disease like smallpox. As set forth in a recent number of the London Times in reply to a parliamentary inquiry, Mr. Burns, president of the Local Government Board, furnishes figures which show, thanks, perhaps, to the unintelligent agitation of the anti-vaccinationists, that the percentage of persons exempted from vaccination on account of conscientious objections as compared with the total numbers of births from 1907 to 1912, increased from 6.3 per cent in the former year to 17.3 per cent in 1908 and thence rapidly to 31.6 per cent in 1912. The tolerance of a privilege which permits one out of three persons practically to nullify the effect of a proved preventive health measure is an absurdity in this day, in the opinion of The Journal of the American Medical Association, and will merely result in a large measure in return to the horrible smallpox conditions of former days in Great Britain. The prevalence of smallpox in the United States during the past year is no doubt due to the absence of strict regulation in regard to vaccination, the lax enforcement of regulations already provided or the total ignoring of these regulations.

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Alternate—Carle E. Bentley, Little Rock.

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Original Articles.

PRELIMINARY REPORT OF A NEW METHOD OF TRANSPLANTATION OF BONE TO CLOSE DEFECTS IN THE SKULL WHERE LARGE AREAS HAVE BEEN DESTROYED BY TRAUMA OR DISEASE.*

By John Smyth, M. D.,
New Orleans, La.

Various materials have been used and numerous methods adopted in the effort to fill gaps in the skull, either for the protection of the brain, as in the use of foreign bodies, or for the purpose of encouraging the replacement by bone of that destroyed. Some have had their successes, all their defects and their failures.

I believe that foreign materials, like metals and celluloid, as well as bones from other species, must always be unsatisfactory, and that if success is to be secured, it will be in the transplantation of bone of the same species.

It has been shown that small plates of skull, like trephine buttons, may bridge similar defects and a good bony covering result, but that large areas of skull, if detached from their blood supply, become infected, or ultimately absorbed, or, as foreign bodies, must be removed.

I do not believe that any bone transplant will live as bone in its structure complete, any more than the skin transplant will live in its entirety in the Thiersch method of skin graft; but as the epitheliel cells in the skin survive and produce epitheliorization, so do the osteogenetic elements survive and produce bone. In my opinion, the efficiency of a bone transplant, all things being equal, reduces itself to but one question, that of vascularization. From this standpoint it is not difficult to realize the cause of failure in early efforts to replace or transplant large areas of skull.

Small plates of bone may be reproduced because new vessels are thrown out into the old canals and new bone built. Large plates die before the new vessels can be produced to sufficient extent, since vascularization can take place only through the deploic layer and from the periphery toward the center of the transplant.

Since it is advisable that the smooth inner plate be preserved to conform to the brain surface and to reduce the tendency to adhesions, I adopted a method of making, with a saw, a series of cuts about one-quarter to one-third of an inch apart, and a second series at right angles to these, through the outer plate down into the cancellous tissue, or the outer plate may be perforated at intervals with a drill. This allows blood and serum to flow into these cuts, granulation tissue is formed and new vessels are thrown out, the chances of infection are diminished and the osteogenetic elements are nourished until they are produced in sufficient quantities to reproduce the bone. In this method, the transplant, no matter how large, is reduced to many small units, each of which is susceptible to successful vascularization and reproduction.

The first transplant was made in the dog, November 17, 1912, and has proven entirely successful. We have since had a series of cases in the dog, and three transplants in the human subject, which I hope to embody in a later report.

I wish to express my thanks to my friend and assistant, Dr. Chaille Jamison, for valuable help in this work.

*Read in the Section on Surgery of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

DISCUSSION.

Dr. Dorr (Batesville)—I want to commend the paper for its brevity and that the essayist did not quote from a lot of books. I think he said a good deal—about all that could be said without unnecessary elaboration. I thought it was conceded, however, that this bone transplant acts only as a splint for the conveying of the bone-forming elements, it always being absorbed after performing its function. (Since the above discussion I see it is debatable whether the transplant is absorbed, or grows.) The secret of success in these cases is: Don't get infection. If you get infection you will lose out; but if you can keep infection down you will get success. And that at least one or both ends of the transplant must connect with live bone, and better if both.

Dr. Smyth (Essayist)—That was one point I did not stress, and I thank the gentleman for taking notice of it.

RABIES.*

By Loyd Thompson, M. D.,
Little Rock.

From time immemorial man has been afflicted with disease. Cold chills have racked his frame, causing it to shake as a tree with the winter's wind; hot fevers have burned his brow till he cried out as the rich man to Lazarus for a drop of cold water on his parched tongue; while deadly cancer and insidious anemia have wasted his body until death brought blessed relief.

But of all the diseases to which man is heir, of all the suffering which has fallen to his lot, none has been more dreaded, none more horrible in its course, and none more fatal in its results, than the one which forms the subject of this paper. And on account of the horror of its course, the invariable fatality of its results, as well as the uncertainty and variableness of its infectivity, there has been woven about it from the most remote recesses of antiquity a veil of mystery and mysticism, which even the light of modern science has been unable altogether to dispel.

Hippocrates, the great father, failed to mention this disease, but Aristotle recognized and wrote of it, while Caelina Aurebanus, less than two hundred years after Christ, tells us of the anxiety "with no reason for it," at the beginning of the attack; the thirst, with fear of water; the harsh voice, "like the bark of a dog;" the convulsions, the paralysis, and the death. From then on down through the ages this scourge has been seen and recognized and feared. Many have been the attempts to combat it, and many are the superstitions which have grown up about it.

The belief in some of these superstitions caused that astute ruler, Frederick the Great, to issue an edict for the removal of the "mad worm," one of the normal cartilages of the tongue, from all dogs, and to pay an enormous sum for an emulsion of "may worms" in honey, a "sure cure" for rabies.

The modern mad stone which still has such a vogue in some portions of these United States is but a survival of the superstitions which surrounded this disease through the dark ages. This is composed, according to White, chiefly of tri-calcium phosphate, and is usually a calculus from some portion of the alimentary tract of the lower animals, one seen by the writer having come from a white deer, according to the owner.

Yet, in spite of these superstitions and the retarding influence they had upon scientific investigation, many men attempted to solve the problems of the disease, but it remained for the great Pasteur to add to his brilliant attainments and give to the world the almost sure preventative.

Naturally, one of the first problems to present itself to the mind seeking knowledge of rabies was its etiology, and in spite of the brilliant men who have applied themselves to its solution, the problem remains unsolved. Negri and his disciples believed that the bodies he described and which are named after him are the actual parasites, but this view is not held by the majority of workers today. Proeschner has recently described a bacterium which at times takes the bacilliary and at other times the coccoid from which he claims to have demonstrated to be the casual agent. His work has not been confirmed.

But that rabies is a disease with a specific micro-organism, perhaps ultra microscopic in size, as its cause is today undisputed, and that this micro-organism is transmitted from animal to animal and from animal to man by the saliva through bites is also a long known fact. It only remains for some Koch or Pasteur to find it. That rabies in man and animals is identical was demonstrated

*Read in the Section on Practice of Medicine of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

by inoculation as long ago as 1821 by Magendie and Breschet, and while the symptoms and course may vary to some extent, they are strikingly similar, although there is a preponderance of some symptoms of some species.

In man the first symptom, as we have seen Caelina Aurebanus of old has said, is usually restlessness "without any reason for it." The patient will sit down and in a moment arise, and if he is aware of a possible infection a great fear will come upon him. Local numbness, formication, tingling and itching in and around the wound may be the first symptom noted. Often, too, a tickling sensation in the throat may precede all other signs. After these prodromata the disease usually progresses without much delay, not more than twenty-four to forty-eight hours elapsing before the outbreak. However, sometimes several days may intervene. Now comes on extremely painful spasms of the organs of deglutition and respiration, which are caused by attempts to eat, and more especially to drink. It is often enough to bring on a spasm to see, smell or even think about liquids, hence the name hydrophobia.

The symptoms now become more and more severe, although there are usually remissions which may cause hope for recovery. Added to the horror is the fact that the mind is usually clear, the patient talking with those about him until checked by the outbreak of a spasm. Then follows periods of maniacal excitement, in which the patient may become exceedingly violent; but never as is the popular belief, attempting to bite other individuals. The convulsions become more and more frequent and of more severe character. The muscular contractions may even rupture the muscles. Vomiting of black liquids is a usual symptom. Sexual excitement with priapism is not rare.

Death may come during a convulsion, but a paralytic stage usually intervenes in which the face becomes placid, the jaw drops, the saliva runs from the mouth, and the chapter is closed when the breathing becomes irregular and feeble and finally ceases.

This is essentially the picture of the disease in the lower animals. The dog, which is the animal most frequently affected, and which on account of his comparatively high mental development, usually shows first psychical disturbances. There is also a paralytic form of the disease recognized in both man and animals in which no other symptoms but paralysis are seen. This form is probably not as rare as formerly supposed.

In the diagnosis of rabies, both in man and in the lower animals, six factors are considered, viz:

First, the history of infection (usually the bite of a rabid animal); the licking of an abraded surface may be sufficient.

Second, the long incubation period. Authentic cases have been reported of incubation periods in man from ten days to one year. Periods of under or over these limits should be regarded with extreme doubt.

Third, clinical course and symptoms. These are fairly characteristic, although in man tetanus, hysteria or mania may be mistaken for rabies, and in dogs certain forms of distemper may be confusing.

Fourth, termination. While nearly all cases of rabies in both man and animals go on to a fatal termination, a few absolutely authentic cases of recovery in dogs have been reported, and several of recovery in man. In these latter the data are insufficient to warrant an absolutely positive diagnosis of rabies.

Fifth, the post-mortem findings. These, for the most part, are not of much importance, although in animals the findings of foreign bodies in the stomach and intestines, the injection of the laryngeal mucosa and meninges, and small hemorrhages in the central nervous system are suggestive symptoms. As stated above, Negri and his followers believe the so-called Negri bodies to be the parasitic cause of the disease, classify them with the protozoa, and describe a developmental cycle.

These bodies are round or oval in shape and contain small, round, refractile, so-called inner bodies. They are found in about 95 per cent of the cases of true rabies.

Sixth. The final resort for the diagnosis of rabies is the inoculation of animals. The rabbit is usually selected, owing to the typical symptoms which it presents, although the guinea pig is very suitable, and in it the incubation period is much shorter than in the rabbit.

The treatment of rabies practically resolves itself into the prophylaxis, as after the disease has once developed, it is almost,

if not quite, hopeless. Naturally, the one great prophylactic measure is the prevention of inoculation. This could readily be done by the muzzling of all dogs and, of course, the destruction of all other infected animals.

After the inoculation has once occurred the treatment devised by Pasteur or one of its modifications is the only resort.

Of course, not all persons bitten by rabid animals who are untreated develop the disease, the percentage being about 20 for all bites.

But practically all those who do receive the treatment do not develop the disease.

Briefly, the Pasteur method consists of obtaining what is known as fixed virus by passing the virus by sub-dural inoculations through a long series of rabbits (at least twenty) until its virulence has become fixed, and after this, no matter through how many rabbits the virus is passed, it always kills them on the eighth day.

The spinal cord of a rabbit dead of such virus is then removed and dried over potassium hydroxide for varying periods of from one to eight days, the drying attenuating the virus according to the length of time it is dried. The treatment then consists of injecting subcutaneously into abdominal wall small portions (about one-half cm.) emulsified and suspended in physiological salt solution.

This method is the one still in vogue in the Pasteur Institute in Paris and in most Pasteur institutes of the world, although a number of modifications have been prepared.

The best of these, to the writer's mind, is the method of Harris. He uses the entire brain and spinal cord of a rabbit dead of fixed virus, emulsifies it, freezes it with carbon dioxide snow, dessicates it in vacou at a very low temperature and preserves it in vacuum tubes.

The advantages maintained by Harris are the greater number of treatments obtained from one rabbit (from forty to fifty as against about one and one-half of the Pasteur method); the length of time it may be kept (some shown to the writer a year old having the infectivity of two-day cord); the ease with which it may be put into solution, and on account of its concentration the greater is the immunity set up and therefore a shorter time is required for treatment. Up to May 1 Harris had treated 153 cases without a single failure, eighteen of them being face bites.

While rabies has not claimed the toll that some of the great plagues of humanity have, such as tuberculosis, bubonic plague, typhoid, and the like, yet each year a few human beings go down to a horrible and untimely death, many others suffer untold mental anguish on account of bites by rabid animals, and no little physical suffering, inconvenience and expense in taking the Pasteur treatment, while almost numberless valuable animals are destroyed. And while the etiology of rabies is still a sealed chapter in the great book of medical endeavor, no other disease in all the category of human skill is better understood in regard to its method of propagation, its prevention and its eradication. And it is to you, members of the Arkansas Medical Society—it is to you, sons of Aesculapius, that the great public must look for relief from this dread scourge. You have it within your power to destroy it entirely. You can by your example, by your teaching and by your commands compel your representatives to enact laws which, if enforced, will cause hydrophobia to be but a memory, a nightmare, to be swept from the face of the earth.

DISCUSSION.

Dr. C. M. Lutterloh (Jonesboro)—There is nothing in the world more horrible than rabies. The essayist failed to mention that within the last year Mulford & Co., at an expense of several thousand dollars, has placed the Pasteur treatment within the reach of every man. If one of us should happen to be bitten by a rabid animal, all we have to do is to wire Mulford to send us the twenty-one-day treatment for rabies. As Dr. Thompson has intimated, you have from eight to ten days to administer the serum; but, of course, the real time to begin treatment of the patient is within the first week. Mulford will ship in thermo bottles and it will keep perfectly cool even in hot weather. You are to be responsible for fifty dollars. I think we all ought to thank Mulford & Co. for their enterprise in placing this remedy and making it so easily accessible to all, even though we may be remote from the city. I stood by the bedside of a little child and saw it die of convulsions, heard its agonizing cries and constant dread of water. The very thought of water threw it into convulsions, and even though I was sure we were dealing with a case of rabies, I knew nothing of the twenty-one-day treatment and its accessibility. I want to emphasize this in order that Mulford's good work may be appreciated. Before this feature of sending out the serum was inaugurated, we had to send our patients to New Orleans, Chicago, Philadelphia and New York.

Dr. Meek (Camden)—Is it possible to develop a case of rabies after a long period of incubation, say as long as one year?

Dr. Blanks (Dermott)—I would like to ask the essayist what we should do in the case of a suspected bite? What is his procedure to ascertain whether or not the dog was mad? What shall we do in the event we suspect that the dog was mad? What are we to do with the animal in these cases?

Dr. A. B. Bishop (Ashdown)—A minister of the Methodist church, a very reliable man, once told me he knew of an instance in Kentucky long years ago where a boy was bitten by a rabid dog. He went on for nine years, then developed hydrophobia and died. That is the only case that I remember where this latency was shown.

Dr. McElroy (Memphis, Tenn.)—There are one or two points which I would like to emphasize coming out of my experience with the disease. It has been my misfortune when a patient has been bitten by a dog suspected of having rabies to have the friends insist on the immediate killing of the dog (which I think is a great mistake). It is true, as the doctor has said, that whether those Negri bodies are really protozoa parasites; whether they are degenerative products of the cell, they are of great value in the diagnosis of these cases; but I think they should not be relied upon exclusively, inasmuch as very frequently they will be overlooked, and the individual will bask in a false sense of security as a result of failure to find these bodies. My advice always is to have the dog put up and watch his clinical symptoms and see whether or not he has rabies. After that you will have plenty of time to pursue the regulation procedure of treatment.

Dr. Garrison (Little Rock)—As Dr. McElroy has said, it is best to detain and observe the living dog. Another thing, if the dog is killed, do not give it a blow on the head and injure the brain. Some specimens are sent to the Board of Health with a mangled brain. It is best not to dispatch the dog by injury on the head.

Dr. Lutterloh brought up a very nice point in reference to the Mulfords, in their liberal treatment of the public and the physicians in the distribution of serum; but we should all know that Dr. Thompson has a Pasteur Institute, and charges only fifty dollars for the treatment. I think if we can get service at home, it is well enough to do so. No doubt many of you may have occasion to use Mulford's preparation, and it may be advisable to do so; but I think citizens of this state should know that we have a Pasteur Institute in Little Rock, and that Dr. Thompson, the essayist, is head of that institution.

Dr. Thompson (Essayist)—In regard to incubation periods long drawn out, I must say that we have always looked upon them with extreme doubt. They are probably not authentic from the fact that it may be due to a recent infection. There may have been a bite at some prior time, which was overlooked; or it may be from the licking of an abraded surface by a rabid animal. It is often a dog is infected before and has not shown any symptoms. The incubation period is usually three or four weeks. This may throw some light on the alleged case of nine years incubation.

I want to emphasize what Dr. McElroy said about putting the dog up. That is, of course, the thing to do, because sooner or later if the dog has rabies he will show typical symptoms and will actually die of the disease. If some one has killed the dog, however, the next best thing to do is to send the head to some competent pathologist to examine the brain for the Negri bodies, and prove his findings by inoculation.

If a person who has been bitten by a dog comes to me, I ask him everything I can think of in regard to the bite; whether the dog shows any symptoms which would indicate rabies, etc. Then, if I do find Negri bodies, I advise treatment as a measure of safety. Then, of course, I inoculate some animal to substantiate what we suspect.

I have here some of the spinal cord of a rabbit which was taken out on the eighth day. You will see it is dried over potassium hydroxide. Of course, we begin with the cord which has been dried eight days and gradually increase its strength till we give him a one-day cord, which is probably as strong as fresh material.

I do want to emphasize the importance of Dr. Harris' method. To my mind, he has made a distinct advance. He can give his treatment in about one week, or perhaps longer, according to the severity of the case. Ordinarily, by the Pasteur treatment it takes three weeks. I think I shall adopt Harris' procedure.

Dr. Meek—Did I understand you to say there was no danger of infection by an individual's bite?

Dr. Thompson—Ordinarily the infection is conveyed by the saliva of the bite; but usually the dog does not run around trying to bite people, contrary to popular belief.

NOTE.—At the conclusion of the discussion Dr. Thompson exhibited dried specimens of three days' cord and eight days' cord.

THE TREATMENT OF AMEBIC DYSENTERY.*

By A. F. Hoge, M. D.,
Fort Smith.

In taking up the treatment of amebic dysentery, I shall dismiss the prophylactic treatment, because of lack of time, with the brief statement that all stools and other infective matter from amebic patients should be thoroughly disinfected; soil and water pollution prevented, and where known to exist, guarded against. The personal hygiene of such patients should also be supervised.

Patients suffering from amebic infections of the intestinal tract may present many and varied symptoms—acute dysentery with its associated tormina and distressing tenesmus; frequent, small, mucous and bloody stools; emaciation; loss of appetite; fever; and when complicated, may have all the symptoms of hepatic or brain abscess superimposed on those pertaining to the intestinal tract. And, on the other hand, there are

*Read in the Section on Practice of Medicine of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

many people who have amebic infections of the intestinal canal who have but few or none of the symptoms associated with an acute exacerbation or active manifestation of this disease.

An acute exacerbation with all the concomitant symptoms may occur at any time in the course of amebic infections, which, for the time being, are quiescent. In view of this fact, our aim in treating patients suffering from intestinal amebiasis should be, not merely to relieve and check the diarrhea, tenesmus and other symptoms (simply rest in bed and a saline cathartic will often accomplish this for the time being), but also to rid the patient of the parasites, thereby creating a condition which will make possible a healing of the ulcers and a permanent clearing up of the pathological conditions present.

Several different procedures and practically all the intestinal antiseptics in or out of the pharmacopoeia have been used in the treatment of amebiasis, with varying results and varying degrees of satisfaction. The principal procedures have been rectal and colonic irrigations with the various antiseptic solutions; appendicostomy, with subsequent irrigations of the colon through the artificial opening, and the giving of drugs by mouth. A recent addition has been the subcutaneous use of emetine hydrochloride, instituted by Rogers.

In reference to the latter, Rogers (1) has shown that emetine in as weak a dilution as 1-100,000 renders inactive and apparently kills amebael and it is probable that the cures obtained by the use of ipecac in amebic infections is due to the presence of this alkaloid. That this conclusion is warranted is further evidenced by the fact that he has reported treating twelve cases with very striking and gratifying results by the use of emetine hydrochloride, subcutaneously in doses of one-third to two-thirds of a grain, the average dose employed being one-half grain, repeated daily for three days. I have had no experience with this method, but if Rogers' work is corroborated, this method bids fair to supplant all others in the treatment of amebiasis.

Appendicostomy and subsequent irrigation has fallen into deserved disuse, excepted in selected cases.

As regards rectal and colonic irrigations with the various antiseptic solutions, I have found in my cases that the patients failed to make more rapid progress to recovery when these were employed than when other measures, i. e., ipecac alone was used. A simple saline enema given daily is useful and will serve to cleanse the bowel, remove detritus, etc.

Early in my medical life, while working under Simon, I became imbued with a belief in ipecac, and further experience, i. e., a series of thirty cases seen and treated by me whilst in Nicaragua in 1910-11 has convinced me of the truth of Sir Patrick Manson's statement, that ipecac, rightfully used, is as much a specific in amebiasis as is quinin in malaria.

The exhibition of ipecac in the form of salol coated pills is perhaps the most satisfactory method. When used in this way, large doses, which are essential, may be given with little or no discomfort or nausea, and it is not necessary to administer preliminary narcotics in order to prevent nausea and vomiting.

The salol coating should be about one-eighth inch in thickness (Simon), and preferably of fused salol. When the coating is thinner, it is apt to be dissolved in the stomach contents, acid though they may be, and the subsequent nausea and vomiting will prove distressing to the patient and disappointing to the physician. When the coating is thicker, the pills are apt to pass through the entire gastro-intestinal tract without having their coat of salol dissolved, and, of course, in this event, no effect will be obtained from the ipecac administered.

It should be remembered that ipecac as found on the market is often stale and inert; also it is frequently adulterated by unscrupulous dealers. Because of this fact, the drug, when needed, should be obtained from a reliable firm and the pills should be freshly prepared.

Lyons (2) has shown that salicylic acid in a dilution of 1-4,000 destroys amebae, and it is quite probable that the results obtained by the use of salol coated ipecac pills may be attributed, in part, to the action of the disintegrated salol.

Simon (3) places a great deal of importance on the method of administration of

the ipecac. He says, in part: "First of all, the drug should be administered only in pill form, coated to the extent of an eighth of an inch with phenyl salicylate (salol). The patient must be put to bed for the first two weeks' treatment and his diet restricted to liquids, or at most, light solids. This absolute rest in bed, with restricted diet, is particularly essential to the details of the plan. Castor oil may be given as an initial purgative and then each evening, after a three hours' fast, the pills coated with phenyl salicylate are administered. A start may be made with forty or sixty grains, depending on the length or severity of the infection, but each subsequent evening the dose is reduced five grains until the limit of ten grains is reached. Following this, I have been in the habit of continuing with ten grains each day for the next two weeks."

Because of local conditions, over which I had no control, the technique employed by me in my series of thirty cases differed somewhat from that of Simon. It was found impracticable and impossible to keep the patients at rest in bed for a period of two weeks, and a week of absolute rest in bed was all that was insisted upon. The diet in my cases was limited to egg-orangeades and lemonades, chee chee (a native pineapple drink) and milk, and these only in small quantities.

All the cases in my series had an associated condition—uncinariasis. In the stools of some of the patients the ova of ascaris lumbricoides and trichocephalus dispar were also demonstrable. In considering this phase of the situation, I came to the conclusion that elimination of the associated parasites was indicated primarily, and therefore, immediately after arriving at a diagnosis, I ordered a small dose of magnesium sulphate, and the following morning, no food having been taken in the meantime, sixty grains of thymol in two doses one or two hours apart were given, followed an hour later by half an ounce of magnesium sulphate. This preliminary measure usually served to rid the patient of parasites other than the amebae and left only the latter to dispose of.

Following the administration and elimination of the thymol, ten grains of ipecac in the form of salol coated pills were given every four hours during the day, twenty grains, the final dose for the day, being given at ten p. m. This treatment varied according to special indications, was kept up for one week, after which an interval varying from three days to a week, during which time no ipecac was given, was permitted to elapse. During the interval the diet was markedly increased. Following the interval, the patients were again given ipecac, administered in the same manner as in the first week and in like dosage.

At the end of the second week of the ipecac treatment, the symptoms having cleared and no amebae being demonstrable, the drug was reduced to five grains daily, given at bedtime, and this was continued to the end of the thirtieth day of treatment. At the expiration of the thirty days of treatment, no amebae being present, the patients, if presenting no symptoms, were discharged as cured, with instructions to report at once should there be any recurrence of the symptoms.

Under this regime all the patients experienced relief from the distressing symptoms within twenty-four or thirty-six hours; the dysentery ceased, the stools assuming a more solid character, and there was a cessation of the tormina and tenesmus. In the majority of the cases the amebae disappeared entirely from the stools within three days after the beginning of treatment, and in no case could the organisms be demonstrated after the first week. The sole exception to this was a boy who refused to carry out orders consistently, and he was discharged from treatment uncured because of this failure to carry out and obey instructions.

The cases were followed for periods of time varying from two weeks to eleven months, and in no case was there a recurrence of the infection. Some of the cases were followed for so short a period of time that it would hardly be justifiable to declare them absolutely cured, but owing to the fact that those observed over longer periods of time showed no recurrence, I am inclined to believe that they, too, were entirely rid of the condition.

REPAIR OF PERINEAL INJURIES.*

By Allen E. Cox, M. D.,
Helena.

In closing a paper read last year at the Hot Springs meeting, I made a plea that all perineal injuries be repaired immediately after labor is terminated, and in the correctness of this course I'm quite sure we all concur.

A simple perineorrhaphy is considered one of the easiest plastic procedures, and I grant you in skilled hands this procedure is easy, but not so in the hands of the average general surgeon. In fact, to restore anatomically a relaxed or ruptured perineum is very difficult, and the late Joe Price often referred to this class of work as "plastic surgery a lost art among most surgeons." To restore the perineum to full functional power can and is being done by quite a number of procedures differing in technique, but equally successful in accomplishing the same end. The Thomas Addis Emmett operation is the most universally practiced, and when the sutures are so placed as to restore the function of the perineum it is certainly a satisfactory procedure and is not very difficult to perform. Complete tears involving the sphincter ani are often easier to repair than incomplete tears, due to less retraction of the pelvic muscles.

In order to more intelligently present this subject, I shall ask that you bear with me while I briefly outline the anatomy of the female pelvic floor. "The perineum is the wedge of tissue situated between the vagina and the lower portion of the rectum; seen in the antero-posterior section, it is roughly triangular. In some cases it is somewhat quadrilateral. It separates the vaginal opening from the rectal opening, but does not form an essential part of the real supporting floor of the pelvis.

The transversus perinei muscle of each side is a small, muscular band which arises from the ischial tuberosity and, extending inward, joins at the center of the perineum with a muscle of the opposite side and with the sphincter vagina and with the sphincter ani muscles. When the perineum is torn, the action of all these muscles, particularly of the transverse muscles, is to draw the torn surfaces outward and keep them apart.

The levator ani muscle with its faschiae is indeed the important muscular structure involved in perineal injury. It arises from each side of the pelvis and joins in the medium lines, forming a sling, which holds up the vagina and rectum and at the same time holds their lower ends forward under the pubic arch. Each muscle arises in front of the posterior surface of the pelvic bone, behind from the spine of the ischium and between these points from the portion "white line" that marks the division of the pelvic fasciae.

The anterior portion of the muscle passes downward and toward the median line and unites with a corresponding portion of the muscle of the opposite side. Some of the fibers unite with a lower part of the vagina, some with the lower part of the rectum, some between the vagina and rectum and many of them back of the rectum. The most posterior fibers of the muscles unite with the coccyx. Lying back of the posterior part of the levator ani muscle are the coccygeus muscles. The action of the levator muscles, in conjunction with the fasciae above and below them, is to hold forward the lower end of the rectum and vagina close to the symphysis pubis, and at the same time to form a sling which closes the pelvic outlet and supports the organs above. Waldeyer has given this the very appropriate designation of "diaphragm of the pelvis." When the muscles and fasciae are torn, the effect is twofold:

First, the sling is lengthened and does not furnish the support it previously did.

Second, the vaginal and rectal opening (the weak places in the pelvic floor) are allowed to sink backward into line of pressure, so that the weight from above, which formerly fell on the muscle and fasciae, now falls on the openings.

In repairing the pelvic floor, the following two things must be accomplished.

First, pelvic sling must be shortened, so that the slack is taken up.

Second, vaginal opening must be brought forward under the pubic arch, out of the line of pressure (Crossen).

As stated in the outset, plastic surgery in the hands of the average general surgeon

*Read by title in the Section on Obstetrics and Gynecology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

is rather difficult to do; this has certainly been my experience, and when one becomes more familiar with a given plan of procedure it has been my custom to adhere as closely to that plan as the varying condition will admit. The Lawson Tait method of repair of an injured perineum as modified by Byron Robinson, I commenced doing some dozen years ago, and it has many features that I like and has proved very satisfactory in my hands.

First, it aims at and comes near accomplishing the restoration of the function of injured tissues.

Second, buried sutures of absorbable material may be used.

Third, it is not so difficult to perform as some of the other methods of repair.

MELTZER'S SIGN IN APPENDICITIS.

About ten years ago Samuel Meltzer, an astute clinician as well as a brilliant physiologist, described a sign in appendicitis that has been accepted as of decided diagnostic value in doubtful cases. We refer to it here at this late date because we find that the sign is not as generally known as it should be, and because it is inadequately dealt with in the text-books. Thus, it is not referred to in Johnson's three-volume treatise on Surgical Diagnosis nor in the last (1913) edition of Deaver's Appendicitis; while in Kelly's Treatise on Appendicitis (last edition, 1909), it is briefly referred to as "described by B. McMonagle (personal communication)."

Meltzer's sign is elicited in the following manner: With the patient supine and the abdomen relaxed, the examiner presses firmly with his finger-tips down upon McBurney's point; the patient is then instructed to raise his right thigh, with the knee fully extended. If this movement causes, or is inhibited by, severe pain, it is strongly suggestive of appendicitis, the organ being compressed between the contracting psoas muscle and the examiner's fingers. The test is, obviously, inapplicable in the presence of rigidity or a mass—in which cases it is not needed. The sign is not in itself diagnostic, both because the pain is slight or absent in some cases of appendicitis, and because it may be marked even without appendicitis, if the examiner presses very firmly, or especially if the patient is very sensitive. It is always advisable, therefore, to make a comparative test on the left side.

Meltzer's test should be part of the routine examination in all doubtful cases. It is more generally useful than the Head zone test, since cutaneous hyperthesia usually disappears when the acute symptoms subside. It is much more useful, too, in our experience, than the so-called Rovsing sign (which was previously described by an American surgeon, and which has been variously modified), viz., pain in the appendix region on pressing the corresponding point on the left side (or, better, pressing upward on the descending colon).—American Journal of Surgery, September.

IS THERE A PROPHYLAXIS OF APPENDICITIS?

It is platitudinous to refer to the recognition and treatment of appendicitis as one of the triumphs of modern medicine. The laity has so well learned not only to expect prompt surgical treatment, but also to regard with concern every formerly despised "belly ache" that today the mortality from all forms of the disease is very small. But is the triumph complete? Have we conquered appendicitis because we can cure it? One need not have the actual figures by which to multiply the yearly number of cases with their average disability in weeks, in order to appreciate that the enormous economic loss incident to appendicitis is worthy of an effort at prevention.

We have accepted bacterial infection as the etiology of appendicitis. But this is not the whole answer, since it concerns only the final and not the primary cause. Congenital and developmental anomalies are important factors, in our opinion, in at least a small number of cases. In the larger number, do diet and mode of life play no role? A negative answer is not acceptable without a much more thorough investigation than the subject has ever received.

In Jefferys' and Maxwell's "Diseases of China" we read of appendicitis: "The disease is relatively very rare. Reports are to hand from many parts of China on the subject, and all agree that the disease is very uncommon. It is probably a liberal estimate to state that there is not more than one case in two thousand hospital in-patients

among the Chinese. The disease is, however, frequently seen among foreigners." Considering the conditions in China, the fact that the medical missionaries there have seen but few cases of appendicitis among the natives is presumptive, but, of course, not conclusive evidence of its rarity. The observations have further significance, however, when we are also told that in Shanghai appendicitis is "frequently seen in Chinese who keep a foreign table." The suggestion of a dietary factor is unescapable, if these are facts.

What is the incidence of appendicitis in the other rice-eating countries? What among flesh-eating tribes? A nasogeographic study of appendicitis might teach us a great deal concerning its cause—and prevention. —American Journal of Surgery, September.

APPENDICITIS THE VAGARIOUS.

In our last issue we considered editorially the etiology of appendicitis and one of its less generally known diagnostic signs. Its clinical whimsicalities also tempt us to discourse.

It is curious, not to say paradoxical, that the disease which, in its usual manifestations, is so clear-cut in signs and symptoms that it is readily recognized by the tyro, should also be the organic affection which most often simulates and is simulated by other diseases.

Every physician of experience has learned, we hope, that the signs and symptoms of appendicitis may be but the early manifestations of pneumonia, pleurisy, or such other infectious disease as measles, scarlet or typhoid fever. Wolf, Craig, Henson and the writer have called attention to the observation that vomiting and right iliac pain and tenderness may mark a malarial seizure; a mistake in diagnosis may be avoided if there is pronounced pyrexia, or if a severe chill, an enlargement of the spleen, or other evidence directs the attention to palludism; but if these are absent and if there is a high leucocyte count (generally considered absent in malaria), or right rectus rigidity (as in Henson's case), a not very critical examiner may perform an unnecessary operation.

It is well known that it is often difficult and sometimes impossible to distinguish, by signs and symptoms, between cholelithiasis and appendicitis. Also notorious is the frequent resemblance between appendiceal pain and right renal, or, more especially, ureteral colic. The radiation of the pain, the superficiality or depth of the tenderness, the location of the Head zone, may serve, more or less, to distinguish them. The subjective phenomena are not always so easily to be set apart. Pollakiuria and dysuria are fairly frequently associated with appendicitis. What is much more apt to mislead, however, is the occasional occurrence of hematuria in appendicitis. This seems to be of two types, the first by toxic, and the second by physical irritation. Illustrating the first group, the writer has recorded a case of appendicitis, eventuating in suppuration, in which each attack exactly simulated a renal colic and was marked by the passage of bloody urine; and a case of ulcerative typhlo-appendicitis in which each seizure of pain and fever was accompanied by the appearance in the urine of many blood cells and granular casts. As an example of the second group, Seelig has put on record a remarkable case in which typical attacks of right-sided renal colic was accompanied by hematuria; radiographs showed a small shadow in the path of the right ureter, near the brim of the bony pelvis; ureter catheters were obstructed at that level; at operation, the lesion was found, after a futile exploration of the ureter, to be a thickened appendix bound down upon that structure and containing an enterolith!

How often, if often, fever, right iliac pain and tenderness are due, not to appendicitis, but to "intestinal fermentation" (?), typhlitis or partial volvulus of a long-mesenteried cecum, it is quite impossible to say. It is safe to assert that the pain and tenderness at this site in young women are sometimes but the precursors or accompaniments of menstruation.

Thus far we have had in mind those cases in which there is no palpable mass. The presence of a swelling, however, may greatly simplify the diagnosis or add to its complexities—in other directions. An appendiceal mass must be differentiated from ileo-cecal tuberculosis, neoplasm and intussusception. An ovarian cyst may simulate the signs, and twisting of its pedicle the symptoms, of appendicitis with abscess. So, too, may the rarer inflammatory and neoplastic lesions of the omentum and mesen-

tery. An appendiceal abscess often lies high enough, and a distended or omentum-wrapped gall-bladder low enough to confuse one with the other. A "perinephritic abscess" may prove to be a retrocecal appendiceal pus collection. A supposed sarcoma or osteomyelitis of the ilium may be of the same origin. If the mass is in the pelvis, in part or in whole, it may be, among other things, a salpingitis, ovarian abscess, impregnated tube or hematocele. In short, there is almost no (inflammatory) mass in the pelvis or the right side of the abdomen which may not be an appendiceal abscess.

Of diffuse purulent peritonitis, gangrenous appendicitis is the most common cause, but the rupture or perforation of any other hollow viscus (stomach, intestine, pus-tube) will cause about the same signs and symptoms. The differentiation of the provoking lesion is not very important, however, since the indication is in all cases the same.

When we pass from the acute to the chronic manifestations and simulations of appendicitis, its vagaries multiply. The unnecessary removal of healthy appendices has long since become a standing topic for the comic papers. We believe, however, that the frequency has greatly diminished with which normal organs are sacrificed to too much surgical enthusiasm and too little clinical observation. Many of the patients unnecessarily appendicectomized belong to that unfortunate and unfortunately large class who suffer vague abdominal discomforts and pain and tenderness chiefly or also at McBurney's point (sometimes because of suggestion, sometimes very real). They are operated upon first "for" appendicitis, then "for" adhesions, then "for" something else —and always without any relief. These patients are all "neurasthenics," of course—if we mean by that term that we do not know what is the matter with them.

In part offsetting the instances of the removal of a healthy, where a diseased appendix was expected, are the converse occurrences—the finding of an unsuspectedly inflamed appendix. Widening experience affords fresh justification, in many cases, for the mistake of amputating an innocent vermiform member. There is a group of patients—merging symptomatically with the "neurasthenic" group above referred to—who suffer vague and irregular abdominal discomforts and pains, obstinate constipation, and a variety of symptoms of "chronic dyspepsia;" in some of these cases the underlying lesion ultimately proves to be a (congenitally or developmentally) misshapen or (and) inflamed appendix. (It is just in this group that one is apt to find the Lane's kink of the ileum, the cecal membrane and the other peritoneal folds and bands concerning the significance or insignificance of which so much has been written. Incidentally, we would assert that the appendiceal "adhesions" so often and so glibly described are usually not adhesions at all, but folds of the mesenterioleum, or, in acute cases, deposits of plastic exudate.

It seems to us not unlikely that some cases of dysmenorrhea may be due to chronic appendicitis.

The Mayos first taught what all other abdominal surgeons have since observed—that pyloric spasm, and the symptoms associated with or arising from it, may be due, exclusively of other causes, to chronic appendicitis. We have learned that many cases of "hyperacidity" and other so-called functional gastric disorders are instances of unsuspected appendicitis. Many have come to doubt the invariability by which, according to Moynihan, duodenal ulcer can be postulated from the symptoms he describes. Cases have rapidly multiplied in which the classic symptoms of duodenal and gastric ulcer have been shown, at operation, to arise from cholecystitis or appendicitis. And just as, rarely, hematuria is produced by appendicitis, so may that disease, rarely, be the only lesion found in cases in which gastro-intestinal hemorrhage completes the typical clinical picture of a supposed ulcer.

These sundry facts, many or all of them trite, are not merely interesting; they carry practical, albeit obvious lessons:

In cases presenting the symptoms of appendicitis, the various other diseases that may cause those symptoms should be borne in mind. The incomplete list of them we have cursorily mentioned appears an imposing array, but a few minutes' observation of each case will indicate which, if any of them, needs to be seriously considered.

Conversely, in the presence of a doubtful mass in the pelvis or right abdomen, appendicitis abscess always deserves prominent thought.

In all cases of chronic, so-called functional gastric disturbance, in all the varieties of

"chronic dyspepsia" and of obscure or atypical abdominal disorders, the possibility of a provoking appendicitis ought never to be overlooked. We would advise that every physician who undertakes the treatment of such a case should suggest to the patient that eventually his condition may prove to have an organic basis—perhaps an ulcer, perhaps gall-stones, perhaps appendicitis. Further, we would urge the wisdom of frequently catechising such patients concerning their symptoms, and frequently submitting them to abdominal palpitation. In this wise the physician may sooner or later establish a fair indication for surgical investigation. —American Journal of Surgery, October.

The general practitioner is seldom called on to treat urticaria until the patient has exhausted the list of household remedies; hence, few patients are more grateful than those successfully treated.

The very first indication is to relieve the itching and burning; the second to find, if possible, the cause; and the third to employ prophylactic measures for prevention of recurrence. To relieve the itching, both lotions and powders are used, either singly or together. As lotions, the best are either a 1 per cent carbolic solution in hot water, to which has been added 25 per cent glycerine, or one of hot water containing 33 per cent vinegar. These are mopped on, and while drying the surface is powdered, either with fresh starch, subnitrate of bismuth or oxide of zinc containing 2 per cent menthol or camphor. Internally, one may be given valerian. The bromides and chloral may make matters worse, as their use often produces urticaria.

The cause is often due to digestive disturbances; if so, a dose of castor oil, followed by a bland diet, will be good. Certain kinds of food, e. g., fish and certain fruits, are often provocative of an attack. If such be the case, the patient should be warned to avoid them.

THE MOVING PICTURE SHOW AS A HEALTH PROBLEM.

The popularity of the moving picture theater as a form of cheap entertainment for the masses has directed attention to several of its undesirable features. In Chicago it is said that 250,000 persons, a considerable portion of whom are children, attend these theaters daily. Most of the theater buildings are cheap store rooms, remodeled for the purpose, often, without adequate provision for ventilation. It is estimated that the air in one of these theaters will pass through the lungs of the audience in from six to eight minutes. They therefore constitute, as the Chicago Health Bulletin remarks, one of the health problems called into existence by modern customs and conditions. In cities all over the country the problem is practically the same, involving the role of contact or close association in the spread of "colds" and the various infectious diseases. It is a matter of observation that the incidence of the various infective diseases of childhood immediately increases on the opening of the schools in the fall on account of the increased opportunity for contact between infected and non-infected children. It may, therefore, be reasonably assumed that the close contact in the moving picture theater is also a factor in the distribution of infectious diseases. Since it is not easy to exclude those who have diseases or who come from homes where disease exists, well-considered regulations as to ventilation and sanitation should be enforced for the protection of the public.

CHILD LABOR IN GEORGIA.

At least for another year ten-year-old children, who can neither read nor write, will lend their efforts to increasing the fortunes of cotton mill owners of Georgia. The Anderson bill, which raised the age limit for working children to 13 years for 1914 and provided for a further increase to 14 years in 1915, has been sidetracked in the legislature, and the session is about to close. Georgia has made practically no advances along this line since 1906. This is not creditable to the traditional chivalry and civilization of the South.

Any medical adviser who treats a child for chronic rheumatism or growing pains in hip or knee (or any other joint) without excluding tuberculosis, is guilty of a mistake that should cause him qualms of conscience later on.

Not every patient with renal colic has a stone in the kidney or uterus—simple phosphaturia can cause severe "renal colic," and so can several other conditions.

—International Medical Journal.

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DR. WILLIAM R. BATHURST, Editor.

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Editorials.

CONCERNING "FRIEDMANN VACCINE."

At the recent meeting of the Rhode Island Medical Society Dr. Barnes of the Rhode Island State Sanatorium for Tuberculosis presented a report on his results with the Friedmann vaccine. It merely adds to the mass of information that goes to make up the literature concerning Friedmann's attempt at exploiting the consumptive. All of the evidence shows the Friedmann treatment to have no advantage over other methods of treating tuberculosis, and, in all probability, it is a more dangerous one. The medical profession has, until recently, maintained toward this product an attitude of reasonable scientific skepticism, says The Journal of the American Medical Association in a recent editorial. In view of the fact, however, that it seems impossible to find a single reliable favorable report, the time has come for an end to the hope that in the Friedmann vaccine we have a cure for tuberculosis. Moreover, since the methods of exploitation have become so obviously commercial, with what seems to be an utter disregard for the humanitarian viewpoint, the time surely has come for not only a definite stand against the sale of this product, but for positive opposition to the methods used by those financially interested in its promotion. Friedmann secured the financial results which widespread newspaper exploitation brought him, and slipped away, leaving a host of "Friedmann Institutes" to divide with him the dollars of the too hopeful and credulous sufferers. These "institutes" are being organized in various parts of the country and the personnel of those connected with these organizations in practically every instance is sufficient to suggest their true nature.

Steps have been taken in this state by Dr. C. P. Meriwether, secretary of the Arkansas Medical Society, to check this exploitation of the consumptive for commercial gain.

What is now needed is that these unscrupulous attempts should be met with an intensive campaign of education of the public concerning the dangers and worthlessness of this treatment.

WHAT IS DENATURED ALCOHOL?

What is denatured alcohol? Frequent references to it are seen in the daily papers and magazines, but few know very much about it. Everyone knows what ordinary alcohol is. It is also called grain or ethyl alcohol.

Most governments derive a large revenue from the sale of ordinary alcohol, and its retail price is very high; yet the cost of manufacture is small. In the United States it sells for about $2.40 a gallon. It can be made from corn for less than 20 cents a gallon. The difference between cost and selling price represents the internal revenue tax and the profit of the wholesale dealer and middlemen.

Apart from its use in making whiskey and other beverages, grain alcohol is a most useful liquid, and in most countries is widely employed for industrial purposes—as a fuel, in hat and whip factories, in making varnishes, for cleaning metals, paint, woodwork, in color, chemical and dye works, etc. That grain alcohol may be sold as cheaply as possible for domestic and other purposes, most countries have an untaxed grain alcohol, mixed with wood spirit, benzine or

other agents that render it unfit for drinking purposes, and yet permit of its use in the various industries. This is denatured alcohol, a specially prepared grain alcohol selling for about 50 cents a gallon; cheap because untaxed. Before the introduction of denatured alcohol, people had to choose between paying $2.40 a gallon for domestic alcohol, or using the poisonous, vile-smelling wood (methyl) alcohol; or they could use the equally poisonous "deodorized" form, which sells at about the same price as denatured alcohol.

About 1890 a comparatively cheap method of "deodorizing" the ill-smelling and vile-tasting wood alcohol was discovered, and under various names, such as "Columbian Spirits," "Purified Wood Alcohol," "Colonial Spirits," "Standard Wood Spirits," "Cologne Spirits," "Union Spirits," "Eagle Spirits," "Green Wood Spirits," etc., this violent poison was put on sale. It was widely and shrewdly advertised and all sorts of virtues were claimed for it, the chief being that it was a cheap and comparatively harmless substitute for ordinary ethyl or grain alcohol. It could be used instead of grain alcohol in making varnishes, liniments, tinctures, hair dyes, etc., and as a fuel in lamps and stoves. At first its poisonous character was denied in toto. This led to its use in the manufacture of Jamaica ginger, essence of lemon, liniments, alcoholic extracts, cheap whiskey and proprietary "remedies."

Soon stories of sudden death as well as of total and incurable blindness following the use of this horrible poison began to appear. It was not until a wholesale drug firm in Baltimore had been mulcted in heavy damages for using "deodorized" wood spirit as a substitute for the four-times-as-expensive grain alcohol in the manufacture of Jamaica ginger that the trade began "to sit up and take notice."

Later, examples of wholesale poisoning began to be reported. Parties of all classes of people—workmen, picknickers, bar-room habitues, Indians, etc.—indulging in cheap whiskey and its substitutes died or became blind. Still later it was found that unfortunate painters, especially shellackers of beer-vats, working in confined and unventilated places, were stricken with blindness, and on investigation it was proved that the befouled, rebreathed and methylated atmosphere was responsible for the result. About the time twenty persons were poisoned in Kentucky, an equal number of wood-alcohol victims were, within twenty-four hours, killed and blinded in Dorpat, Russia. As a result of these "accidents" agitation against the unrestrained sale of this poison was begun.

Denatured alcohol is as cheap as or cheaper than Columbian Spirits or any other kind of "deodorized" wood alcohol, and can be bought at drug stores wherever the "deodorized" poisons are on sale. There is no longer any excuse for the sale of "deodorized" wood spirits. Its manufacture should be prohibited by law. It serves no purpose that "denatured" alcohol will not serve, and its existence is a menace to public health.

JUST THINK OF IT.

A little boy once said to his schoolmates, "I don't make any more mistakes in my music." This little boy had such poor eyesight that he could not read letters three and one-half inches square more than six feet away from him, and yet he had been repeatedly punished by his violin teacher for making mistakes while taking his lessons. Just think of it; punished for making mistakes when he could not see his notes plainly!

How did he find out that his eyes were weak? His school teacher had been making tests of the sight of her pupils and had discovered that this boy could not see well. She reported the fact to his parents, who got glasses that made him the happiest boy in the school, saved him many undeserved punishments and caused him to say, "I don't make any more mistakes in my music."

This boy did not know, nor did his parents know, but that he saw as well as every other boy, and his mistakes were thought to be from carelessness and inattention.

This same boy afterward became a noted violinist, was educated abroad and played before royalty. His glasses enabled him to see his notes plainly and he made no more mistakes in his reading music.

There have been thousands of just such boys and girls in our public schools in the past, who have been stumbling along, hating their lessons, scolded and punished by their

teachers and parents, just because they had a defect of vision of which they and their parents and teacher were ignorant.

Parents, do you know that your children have good eyesight? Do you know that they are not "long-sighted," near-sighted," or color blind. Do they often complain of being tired, or of having a headache when they return home from school? Do they dislike school? Are they sleepy and dull when trying to learn their home tasks? Is it hard for them to keep up with their class? Are they inclined to "play hookey?" Then do not punish and scold them, until you first find out if there is not some physical cause behind it all, so that you may not regret later and blame yourself for neglect or injustice to one of your own.

Ignorance of the law is no excuse to the lawbreaker in court. Ignorance is no excuse for neglect of your children. Fifty per cent of the blindness caused by separation of the retina (the sight seeing membrane within the eye) occurs in people who are near-sighted. Many of the headaches of children and others are the result of eye strain caused by the attempt of the delicate eye muscles to overcome the defect. This overtaxing of them strains the eye muscles, then the letters blur or run together, the child feels tired and the eyes pain or headache follows.

Do not neglect your children's eyes!

Editorial Clippings.

THE NEWER METHODS FOR THE DIAGNOSIS OF PREGNANCY.

The classic signs of pregnancy not infrequently prove misleading and sometimes only furnish positive information late in the course of the process when, perhaps, the condition no longer requires a trained diagnostician for its determination. During the last few years, numerous methods calculated by their advocates to afford an early and certain diagnosis have been vouchsafed. The antitryptic test of Jachmann, Rosenthal and others; the miostagmin reaction of Ascoli; the epiphanin test of Mosbacher are examples. Unfortunately, the complexity of these procedures, the inordinate cost of the apparatus required, and the skill demanded to carry them out have so far restricted their employment to too few observers to render possible a determination of their actual value in practice. Much the same drawback applies to the complement fixation test of Fieux and Mauriac, which requires, as antigen, an extract of a placenta derived from an early therapeutic abortion, a source which can only be available at best in large hospitals or maternities. Though requiring somewhat expensive apparatus, another method, that of Abderhalden, of the University of Halle (vide Hoppe-Seyler's Zeitschrift fur physiologische Chemie, lxxvii, fasc. 4), is deemed less complicated. It is a polarimetric method applied to placental peptone, which, when used with adequate precautions and proper materials, is said to give very satisfactory results, though, according to Bolaffia (Pathologica, v, No. 11), it seems more reliable to affirm the existence of pregnancy than to denote its absence. A case reported by Veit (Zeitschrift fur Geburtshulfe and Gynakologie, lxxii, No. 2, 1913) emphasizes, however, its value on the positive side of the question, and indicates precisely where any such diagnostic method, if reliable, assumes vast importance, particularly in the protection of the innocent. In Veit's case, the patient, a young unmarried woman, presented the major signs of pregnancy, much to the detriment of her reputation. Abderhalden's test having excluded pregnancy, Veit boldly opened the uterus and found therein a large myoma, which he removed. Although with Bollafia he does not deem the test absolutely reliable, he nevertheless regards it as a distinct acquisition, not only for the diagnosis of pregnancy, but also of tubal pregnancy, chorioepithelioma, and neoplasms of the ovaries and tubes. This belief would seem to be invalidated, however, by the fact that Engelhorn (Munchener medizinische Wochenschrift, March 18, 1913) found that normal serum was capable of dissolving carcinomatous tissue, but Franz and Jarisch (Wiener klinische Wochenschrift, September 26, 1912) showed that the trypsic digestive activity of the serum of twenty-six pregnant women was 0.8 or 0.9, as compared to 0.4 or 0.5 in nonpregnant individuals, and, moreover, that the index was also unusually high in cases of cancer. On the whole, when all possible sources of error will have been ascertained and corrected, it is probable that out of the many diagnostic methods recently

proposed, one or more may prove of undoubted value.—New York Medical Journal, October 4, 1913.

THE AMERICAN COLLEGE OF SURGEONS.

On the evening of November 13, 1913, will be held the first formal meeting for the conferring of fellowships on the members of the American College of Surgeons. Sir Rickman Godlee, the president of the Royal College of Surgeons of England, will deliver the principal address and extend, officially, greetings to the new organization from the councilors of the Royal College of Surgeons. President J. M. T. Finney will deliver the presidential charges, and formally confer the fellowships on all members of the organization who have qualified. Honorary fellowships will be conferred on a small number of foreigners and Americans whom the Board of Regents have selected as worthy of such distinction.

About thirteen hundred applications for fellowship in the American College of Surgeons have been filed with the secretary. Of this number of applicants only about ten hundred have fulfilled all the requirements in filing their application blanks. The Board of Regents approved about four hundred men at its Minneapolis meeting. Three hundred additional have been favorably passed upon by the General Committee on Credentials, and will be recommended to the regents for final approval at their next meeting in October. Many of the applicants have been careless about filing their preliminary papers. This causes delay in consideration of the prospective fellows' availability by the Committee on Credentials, and hence surgeons are urged to complete and file all declarations and other papers as early as possible. There is an inclination on the part of some men to take it for granted that certain groups of members should be exempt from filing declaration blanks and giving data and references. The regents have ruled that all applicants shall file the same papers, and be submitted to the same scrutiny before they can be recommended for fellowship.—The Lancet-Clinic.

COMMON COLDS AND VACCINE THERAPY.

In the Boston Medical and Surgical Journal of June 5, 1913, Fisher reaches these conclusions:

1. Colds, so-called, are unquestionably due to infection by micro-organisms.
2. Colds are contagious.
3. Colds can be largely prevented by reasonable isolation of every case, and preventive inoculation.
4. Colds can be aborted or their course shortened by vaccine treatment.
5. The treatment of acute and chronic inflammation of the respiratory tract by vaccines is specific.
6. A symptom-complex resembling influenza may be due to other organisms.

It is only too true that one swallow does not make a summer, neither do a few cases prove conclusively the value of a new method of treatment. It is, however, Fisher's firm conviction that with a properly prepared vaccine, containing the etiological germ, administered with proper dosage and intervals, success will always attend this method of treatment.

The doctor who offhand condemns vaccines has either never used them, has not mixed them with brains, has expected them to do the impossible, or he has not had the infecting germ in the vaccine used.—The Therapeutic Gazette.

ONE VIEW OF "FRIEDMANN SERUM."

After having carefully studied all reports coming to hand through the medium of an extensive exchange list of first-class medical journals, our deliberate judgment is that the so-called "Friedmann serum" for the treatment of tuberculosis is either a fraud or half-baked scientific product, propagated solely for profit. It is destined not only to prove a source of exceedingly and inexcusably disastrous disappointment to the victims who have been attracted through their well-known credulity and the magnificent newspaper exploitation Friedmann has secured for his "cure," but a seriously dangerous remedy as well.

It is needless to say that the State Medical Association of Texas will not sanction the use of any secret remedy, particularly one deemed to be potentially dangerous and coming under such a cloud of disrepute as does the Friedmann serum. Our answer is that when the United States government issues a license to cover the manufacture of this serum, the State Health Department sanctions its use in the state and the Council on Pharmacy and Chemistry of the American Medical Association admits it to the New and Nonofficial Remedies, then, and not until then, will we sanction its use in this state. This is not an unreasonable stand to take, because none of the requirements are impossible or difficult to meet. In view of the importance of the subject and the well-known ability and integrity of the physicians composing these bodies, it is strange that those who are exploiting this remedy, if they are honest in their belief in its efficacy, will not submit it for their approval. —Texas State Journal of Medicine, September, 1913.

Personals and News Items.

Dr. and Mrs. C. R. Shinault are in Biloxi, Miss.

Dr. and Mrs. E. P. Bledsoe have returned from New York City.

Dr. H. H. Niehuss of El Dorado recently visited friends in Little Rock and St. Louis.

Dr. Chas. P. Hanson has moved from Paradise, Drew County, to Mist, Ashley County, Arkansas.

Dr. D. V. Powers of Sayre recently visited friends in Little Rock.

Dr. Nina Harding of Fayetteville has returned from Van Buren to resume her duties at the University Infirmary.

Dr. and Mrs. P. H. Phillips of Ashdown are visiting in New Orleans.

Dr. and Mrs. A. U. Williams of Hot Springs have returned from Hope.

Dr. E. N. Allen of McAlister recently visited Dr. Runyan of Little Rock.

Dr. Gill Buchanan of Prescott, who has been quite ill for some time, is now rapidly improving.

Dr. and Mrs. B. S. Pettus of Little Rock have returned from a visit to Union County.

Drs. J. B. Wharton of El Dorado, J. C. Chenault of England, J. R. Cunning of Lonoke and S. W. Colquit of McKamie recently visited Little Rock.

Governor Hays recently commissioned Dr. J. B. McKnight mayor of the town of Tinsman.

PRACTICE FOR SALE.

Northwest Arkansas, $2,000.00 country and village practice; good, small town on railroad; population, 200; fruit growing and general farming; good roads, good collections every month in the year; no negroes or malaria; thickly settled country; unopposed practice. Good home consisting of three acres, well improved, set to fruit; almost new six-room house, good cement house, 14x14; good barn and other outbuildings; also extra lot with good two-room office building, including office fixtures and drugs, also railroad surgeonship—all for $1,400.00; terms, $500.00 down, balance to suit. Will introduce purchaser. Want to take up specialty. Address X, care of The Journal of the Arkansas Medical Society, 810 State Bank Building, Little Rock, Ark.

(Advertisement.)

ANNUAL MEDICAL MEETINGS.

The First District Medical Society will meet Tuesday, October 21, 1913, at Jonesboro.

The Third District Medical Society will hold its sixth annual meeting October 21-22, at Cotton Plant.

The Tenth District Medical Society met September 16, 1913, at Bentonville.

The second annual meeting of the Arkansas Association of the St. L., I. M. & S. Ry. Surgeons will meet October 21-22, 1913, at the Marion Hotel, Little Rock.

Therapeutic Notes.

THE TREATMENT OF ERYSIPELAS.

There appears an interesting editorial upon the subject named in the title in the July 16 number of The New York Medical Journal (p. 189). As regards the newer local measures recommended in recent years, the editor points out that those in which heat is the predominant factor seem to have

held their own. Hot compresses of saline solution frequently renewed (Pontano) as also the hot-air douche applied from one-half to one hour two or three times a day (Ritter) have given good results—probably by increasing the efficiency of the lymphatic antibodies. Buttermilk applied with soft compresses kept constantly wet has recently been extolled by Arnold. Of other applications, an ointment composed of chlorinated lime, one part, and paraffin ointment, nine parts, is urgently advocated by Binz. One of the older remedies, pure alcohol (a powerful antiseptic), has recently gained many adherents. Magnesium sulphate in saturated solution has been highly praised, owing to its ability to control pain, decrease the local hyperthermia, and prevent extension of the morbid process.

The physician should not lose sight of the value of some of the newer remedies, notably the streptococcus bacteria and the anti-streptococci serum, both of which are indicated; the latter particularly in very severe cases. Internally, the tincture of ferric chloride still holds its own in asthenic conditions, while readers of this journal certainly will not forget the value of calcium sulphide, which should be given in every instance to complete saturation.—Clinical Medicine.

ROUTINE USE OF TETANUS ANTITOXIN IN WOUNDS.

Dr. Philip H. Kreuscher, writing in the Surgical Clinics of Dr. John B. Murphy (August, 1913, p. 548), states that it is Dr. Murphy's practice to give tetanus antitoxin in all cases of injury or gunshot wounds in which there is an open lacerated wound inflicted by machinery or implements which have been in contact with the dust or dirt. This is the routine practice at the Dr. Murphy Clinic, and has been followed in a series of over 150 cases. So effective has been the prophylactic action of the serum that Dr. Murphy has not seen a case of tetanus originate among these hospital patients in seven years.

The usual dose given is 1,500 units; the serum being given therapeutically when occasion arises. Dr. Kreuscher has had occasion to see in a distant city a tetanus patient in whom the symptoms developed nineteen days after the primary infection. Repeated injections of the serum were given, whereupon the more violent symptoms subsided. The patient had no muscular twitching for ninety-six hours before his death.

It may be added that it is now the general practice among all surgeons of standing to administer tetanus antitoxin prophylactically whenever a wound has come into contact with dust or dirt. Thus used, it can be depended upon to prevent absolutely the subsequent occurrence of this usually fatal complication.—Clinical Medicine.

TREATMENT OF GOUTY MANIFESTATIONS.

Debout, in Paris Medical for February 22, 1913, is credited with the following combination, to be given in gouty migraine:

℞ Extracti colchici cormi, quininæ sulphatis, aa gr. xlv (3 grammes); pulveris digitalis, gr. xxiii (1.5 grammes).

M. Fiant pilulæ No. xxx.

Sig.: One pill every evening.

For the relief of acute attacks of gout, the following may be administered:

℞ Quininæ sulphatis, gr. xlv (3 grammes); fluid extract aconiti, ♏xx (1.3 grammes); extracti colchici cormi, gr. viiss (0.5 gramme); extracti belladonnæ foliorum, gr. iii (0.2 gramme).

M. Fiant pilulæ No. xx.

Sig.: From one to four pills a day.—New York Medical Journal.

THE FEBRILE HEART.

In the April number of The Medical Review of Reviews (via Pennsylvania Medical Journal), G. W. Norris treats of the infectious febrile heart. While serious endocardial complications of certain affections, notably rheumatic fever, tonsillitis, pneumonia and gonorrhea, are sufficiently appreciated and looked for, yet equally serious myocardial involvement is more easily overlooked. Increase in pulse rate, arrhythmia, hypotension, approximation of the first and second heart sounds, shortening and muffling of the first sound, are of far greater importance in many instances than the presence or absence of murmurs. While the mere existence of pyrexia is not an indication for treatment calculated to reduce it, hyperpyrexia which usually indicates an intense virulence of infection, may

per se be a menace to myocardial stability. Two things stand out pre-eminently so far as the clinical significance of hyperpyrexia is concerned. (1) Arterial hypertension plays quite as important a role in a lethal termination of an acute infection as does myocardial weakness, while remedies for combating it are few and these are often ineffectual. (2) Our therapy of febrile tachycardia is most unsatisfactory. The influence of the toxic and febrile factors over the heart muscle and its controlling nerves is so much more potent than our methods of control, that oftentimes little in a remedial way can be done. In the treatment of the circulatory apparatus, and especially myocardial weakness during febrile infections, we must primarily turn our attention toward the improvement of the patient's general condition by attempting to lessen the toxemia. This is best accomplished by giving the patient plenty of fresh air. Hot mustard footbaths relieve cerebral congestion and improve peripheral circulation; while an ice bag to the head and neck are useful. Proper evacuation of the bowels is always essential. Wherever nervous or circulatory stimulation is desired, cold sponging is useful in stimulating the central nervous system regardless of its additional use in hyperpyrexia. When the vascular tone is in abeyance, Norris says, it is useless to stimulate the heart. The vasomotor system should receive more attention in such cases than the heart itself. We must attempt to prevent the stagnation of the blood in the splanchnic areas—in other words, we must raise the arterial tension in order to redistribute the blood properly. Adrenalin will do this temporarily; also strychnin and caffein, both of which increase reflex action. Mustard footbaths, hot or cold sponging, furnish the best means of obtaining improved vascular tone, through increased centripetal stimulation. In the direct treatment of the circulatory apparatus itself, Norris finds the ice bag over the precorduim useful in showing the pulse rate. Since the response of the febrile organism to drugs is often quite different from that in nonfebrile states, medication is here often disappointing. Strychnin is the most generally useful drug, but it is often abused and should be reserved for critical periods to tide the patient over. Caffein is a useful drug in febrile conditions, and, should it cause restlessness or insomnia, should be withdrawn. Camphor hypodermically in moderate doses is an excellent cardiac stimulant, while drugs of the digitalis group are often disappointing in acute myocardial changes occurring toxic febrile infections.—Cleveland Medical Journal.

LOBAR PNEUMONIA.

In The International Clinics (Volume II, 23 Series), G. Morton Illman considers the therapeutic indications for antitoxins, serums and vaccines and as regards pneumococcic lobar pneumonia, states that although Osler in the eighth edition of his "Principles and Practice of Medicine" does not consider as satisfactory the results thus far obtained in the treatment of lobar pneumonia with serums and vaccines, the amount of work that is being done along this line at present by many clinics and laboratory workers must ultimately result in an advance over the old method of treatment, used to combat pulmonary pneumococcic infection. The field at the present time is divided into those working with and producing good results with vaccines, and those doing likewise, but he thinks to a less degree, with serums.

Wadsworth says it is evident that immune serums vary greatly in their curative value. From his experiments he believes it reasonable to conceive of the infection in man yielding, as in animals, to the administration of serums. In treating pneumonia with pneumococcic serum, in both adults and children, large doses of the serum, 100 to 150 ccm., should be used, and may be given with comparative safety. Vaccines have increased rapidly in their use as a means of treating and producing an early crisis in lobar pneumonia and Illman believes that, after all, this is the essential factor in treatment. The patient suffering from an intense and ever-increasing toxemia, which threatens from day to day to overwhelm his myocardium and kidney structure, or both, must be benefited by anything (be it a vaccine or a serum) that will lessen, counteract or immunize such a toxemia, if only to the extent of twenty-four hours; therefore, this is a reasonable and rational treatment. In his own rather extensive use of vaccines in lobar pneumonia, his results have rather stimulated further and more extensive use of

this treatment. In his service with Dr. Wm. Egbert Robertson at the Samaritan Hospital, Philadelphia, they make it a routine practice to give an injection of from 400 to 500 million stock pneumococci in every case of lobar pneumonia, just as soon as the diagnosis is made, and this is followed in two or three days by a second injection of the same size or a trifle smaller. Their results from the very beginning were so favorable when compared with control cases given the usual symptomatic treatment, that they are not doing their full duty to their pneumonia cases unless they are given the benefit of vaccine treatment. He has never noticed any marked favorable influence upon the clearing up of the physical signs in lobar pneumonia immediately following the crisis or termination of the toxic symptoms, but in cases of distinctly delayed resolution, especially when secondary toxic symptoms appear, caused by a secondary infection or the result of the lighting up of an old, previously existing infection as tuberculosis, vaccines again become a therapeutic aid, especially when given with due regard for the etiologic organisms present.—Cleveland Medical Journal.

INFLUENZA.

W. A. Wallace, in The New York Medical Journal for June 7th, thus summarizes the contraindications in the treatment of influenza. Coal tar products should not be employed in large doses, neither should depleting measures, as venesection, wet cupping or leeching. Influenza is an exhausting malady. It is well to remember the relative strength of the three most used coal tar products, which are as follows: Strongest and most depressing to the heart and respiration, acetanilide; next, antipyrine; least depressing, acetphenetidin. Digitalis is useless as a cardiac or circulatory stimulant in this disease. It does not act on the circulatory apparatus when there is fever. The use of strychnin in large dosage should not be continued for an excessive period of time. Its use results in over-stimulation followed by depression or paralysis of the nervous system, including the cardiac ganglia, and delirium. Alcohol is of no value during the active period of the disease. The use of the combination of brown mixture and antimony so much in vogue in former years is to be condemned. In many cases of la grippe, particularly those in which there is marked involvement of the lungs or kidneys, there is a tendency to the development of pulmonary edema. Antimony greatly increases the liability to this unfortunate complication and frequently causes the death of patients by drowning in their own secretion, so to speak. In the therapeutics of influenza, the empirical use of drugs is to be tabooed. When in doubt, masterly inactivity is the rule of conduct to be pursued.—Cleveland Medical Journal.

SURGICAL SUGGESTIONS.

In performing brisement force of a knee stiffened by prolonged immobilization in a splint or cast, the utmost caution should be observed. Under these conditions the bones are very brittle and a fracture is easily produced.

Too often the fact is overlooked that, even in the absence of a visible scalp lesion, pediculosis capitis may cause painful swelling of the posterior glands of the neck, with or without cellulitis (resembling the swelling over an inflamed mastoid) and fever.

In the treatment of peritonitis, merely raising the head of the bed is not as satisfactory as propping the patient up in bed.

In peritonitis the employment of Fowler's position should not be reserved for post-operative treatment. Use it as soon as the diagnosis is made.

Small epigastric hernia are usually of fat and contain no sac.

Too thorough purging in preparation for a laparotomy contributes to post-operative distress. A simple laxative or an enema is sufficient for most cases, and even these can often be dispensed with. Urgent cases operated upon without any preparation usually do as well, as far as the bowels are concerned, as those previously purged.

In simple gas distension, with discomfort or actual pain, within the first thirty-six hours after laparotomy, very often the most satisfactory treatment is a hypodermatic injection of morphin. A rectal injection of peppermint water may also be needed.

Purges should be avoided. Eserine may help to get rid of the gas, but it adds to the pain.

The best routine management of the bowels after operation is to let them alone. An enema on the third or fourth day is usually all that is needed.

Marked post-operative abdominal distension, with nausea, belching and increasing prostration are strongly suggestive of acute dilatation of the stomach. The stomach tube and lavage are indicated as they are also in repeated post-operative vomiting.—American Journal of Surgery.

Singularity or multiplicity of lesions is of no practical bearing in diagnosis as between chancre and chancroid. One of the multiple sores may prove to be syphilitic.

Salvarsan seems to be going the way of all German synthetics. There is now a neosalvarsan to take its place for a time.

Mere coincidence of backache and retrodisplacement of the uterus should not warrant a too optimistic prognosis. The backache may depend upon a relaxed sacro-iliac joint, high heels, flat feet, an impacted colon, hemorrhoids, or any of several other conditions.

The colon bacillus is a great factor of urinary tract infections, especially in children.

Of all the methods of perineorrhaphy in vogue, Babcock's submucous repair is perhaps the simplest to perform, the most strictly anatomical in conception and the most satisfactory in results. It is a technical improvement upon the old and reliable operation of Lawson Tait.

Obstetricians are inclined to let their puerperal women sit up earlier than formerly. The erect or sitting posture seems to favor a more rapid involution and more natural drainage, to say nothing of the terrors of the bed pan.

Vaginal gonorrheal infection may be wiped out in one or two sittings if the entire vaginal vault is carefully painted with tincture iodine, through a cylindrical speculum. Of course, if there is a cervicitis or a urethritis this will avail nothing.

It is well to impress on neurasthenic women that a "weakness," i. e., a leucorrhea, is no more of a drain on the system than is a nasal catarrh or a running ear, although it may indicate various serious pelvic disorders.—The Medical Review.

District Societies.

TENTH DISTRICT MEDICAL SOCIETY.

(Reported by Dr. J. A. Fergus, Sec'y.)

Whereas, In the issue of the Arkansas Gazette of June 9, 1913, there appears the unethical advertisement of Dr. J. P. Runyan and his St. Luke's Hospital; and

Whereas, Dr. J. P. Runyan has held positions of honor conferred by the organized medical profession of the state of Arkansas, to-wit, president of the Arkansas Medical Society, and membership on the State Board of the Arkansas Medical Society, which he also served as secretary; and

Whereas, He has held other positions of honor and trust connected with the medical profession of this state, to-wit, president of the Arkansas State Board of Health, dean of the College of Physicians and Surgeons of Little Rock, and professor of surgery in the Medical Department of the University of Arkansas; and

Whereas, It is inconceivable that Dr. Runyan has violated the spirit and letter of the principles of ethics through ignorance after having thus long and thus intimately been connected with organized medicine; and

Whereas, We believe that such indecent and unethical advertisement by one who has in time past posed as a leader of the profession in this state has a bad influence on the medical students and the younger physicians who come under its influence; and

Whereas, He has recently been publicly rebuked by the organized medical profession FOR SIMILAR, BUT LESS FLAGRANT offence; therefore, be it

Resolved, By the Medical Society of the Tenth Councilor District of Arkansas, in regular session assembled in Bentonville, Ark., September 16, 1913:

That we do hereby most unqualifiedly condemn the action of Dr. J. P. Runyan in having inserted the above mentioned advertisement, and consider that, in our opinion, it is a most flagrant and serious violation of the principles of ethics which are intended

to guide our profession, and that such a violation by one who has had such positions as had Dr. Runyan should not come through ignorance or carelessness, and that it demands the most severe punishment; be it further

Resolved, That a copy of this resolution be sent to the president and secretary of the Pulaski County Medical Society, and to the president and secretary of the Arkansas Medical Society, and to the editor of The Journal of the Arkansas Medical Society, with the request that it be published in the next issue; to The Journal of the American Medical Association; to each member of the Council of the Arkansas Medical Society; to each member of the Board of Trustees of the University of Arkansas; to the Gazette, and to Dr. Runyan.

J. A. FERGUS, Sec'y.

County Societies.

RESOLUTION UNANIMOUSLY ADOPTED BY FAULKNER COUNTY MEDICAL SOCIETY, IN SESSION AT CONWAY, ARK., SEPTEMBER 18, 1913.

Whereas, Dr. Joseph P. Runyan, ex-president of the Arkansas Medical Society, and professor of surgery in the Medical Department of the University of Arkansas, an institution wherein our future doctors are to be taught the principles of ethics and professional dignity and decorum, without the excuse of ignorance or carelessness, has violated the long-honored traditions of the medical profession by advertising himself and his private hospital in one of the newspapers of the state; and

Whereas, We can only accept this act as an expression of his disregard for the principles of ethics and professional courtesy, and feel it a duty to express our disapproval of such act on the part of one of our colleagues; therefore, be it

Resolved, That we endorse the resolutions recently adopted by the Washington, Benton and Sebastian County Medical Societies; and further

Resolved, That it is the sense of this society that the medical profession of the state cannot afford to patronize or recommend the Medical Department of the University of Arkansas while the said Dr. J. P. Runyan fills a chair or holds a place of honor in that institution.

Resolved, That the secretary of this society be instructed to furnish Dr. Runyan a copy of these resolutions, and mail a copy to Dr. C. P. Meriwether, the secretary of the Arkansas Medical Society, for publication, and a copy to the trustees of the University of Arkansas.

(Signed) J. S. Westerfield, Pres.,
I. N. McCollum, Sec'y.

HEMPSTEAD COUNTY.

(Reported by Dr. M. V. Russell, Sec'y.)

Hope.—The Hempstead County Medical Society met in this city October 8 with the following members present: Drs. J. H. Weaver, Don Smith, J. L. Kelly, J. L. Gillespie, Wm. H. B. Pool, P. B. Carrigan and M. V. Russell.

The Committee on County Hospital reported that the county judge had purchased the Bob Berry farm, one mile south of the city, and with the approval of the County Court the County Hospital will be moved from Washington to Hope.

The scientific program for the evening was as follows:

"Pellagra," by Dr. J. H. Weaver.

"Hookworm," by Dr. J. L. Kelly.

The following program has been prepared for the next regular meeting, November 4, in this city:

"Pneumonia," by Dr. J. A. Henry of Hope.

"Pernicious Malaria," by Dr. S. J. Weaver of Hope and Dr. R. E. Hays of Fulton.

"Some Experiences of the General Practitioner," by Dr. W. F. Robin of Ozan and Dr. W. M. Garner of Bodcaw.

All neighboring physicians are cordially invited to be present.

PULASKI COUNTY.

(Reported by Dr. J. B. Dooley, Sec'y.)

The meeting was called to order at 8:00 p. m., October 6, 1913, by Vice President A. E. Harris, Dr. Robert Caldwell, the president, being in Europe.

Members present were: Drs. Aronson, Saxon, E. E. Hodges, Lenow, Scott, Carmichael, Pemberton, Thompson, McKinney, Garrison, E. Bentley, J. G. Watkins, Walt, Hardeman, J. L. Dibrell, Bond, McGill, Atkinson, Villars, Manglesdorf, Pettus, Reagan, Flinn, May, Hurrle, A. R. Stover, Miller, Meriwether, Falisi, Vaughter, Kory,

Johnston, Morgan Smith, Roberts, Fletcher, Bathurst, Witt, Daly, Meek, Snodgrass, Davis, Wayne, Kirkland, Barlow, Gray, Ogden, Judd, McCurry, Reed, Greene, Vinsonhaler, Kirby, Cunningham, Chesnutt, Street, Maxwell, Gibson, A. Watkins, T. E. Hodges, Hughes, Holiman and Dooley.

Minutes of last meeting read and approved.

There were no clinical cases reported.

The essayist for the evening, Dr. J. D. Aronson, gave a very complete address on the "Clinical Phases of Abderhalden's Reaction," giving the results of the most recent researches and tests of the reaction, many of which he had made himself during the past summer. The discourse was very much appreciated by all present.

Under miscellaneous business the application of Dr. Chas. R. Doyne for membership was read and filed with the Committee on Credentials.

Under the report of committee, Dr. W. A. Snodgrass, chairman of the Board of Censors, handed a report of the investigation of the charges preferred against Dr. J. P. Runyan by the Benton County Medical Society and endorsed by Washington, Sebastian and Faulkner counties. The charge against Dr. Runyan by the Benton County Medical Society was read by the secretary, and is as follows:

Whereas, The Arkansas Gazette of the 9th instant (June), contained an advertisement of Dr. J. P. Runyan and his hospital; be it

Resolved, By the Benton County Medical Society, convened at Cave Springs, on the 10th day of June, 1913, that said advertisement is a violation of the code of ethics of the American Medical Association, as well as the State and Pulaski County Medical Societies, in all of which he holds membership. Also, that coming as it does, so soon after a similar but less flagrant transgression last year, for which he was reprimanded by the House of Delegates of the Arkansas Medical Society, this offense, premeditated and deliberate as it unquestionably was, deserves to be handled without gloves.

That this infringement of ethics, traditions and ideals of the medical profession is the more reprehensible because committed by one who a few years ago secured the presidency of the Arkansas Medical Society, and by and through his membership in it acquired some other appointments.

Whereas, By and through his membership in Pulaski County Medical Society he is our unworthy associate and fellow-member in our state and national organizations, we call upon Pulaski County Medical Society to deal with him adequately; be it further

Resolved, That the president of the Benton County Medical Society be instructed to forward a copy of these resolutions to each the president and secretary of Pulaski County Medical Society, as well as the secretary of each and every other county medical society in the state, with the request that it be read at their next meeting.

Also that a copy be forwarded to each trustee of the University of Arkansas, and to Dr. C. P. Meriwether, secretary of the Arkansas Medical Society, with the request that he try to have it published in the bulletin of the Arkansas Medical Society, and at as early a date as convenient. Unanimously adopted.

(Signed) J. A. Fergus, President.
R. T. Henry, Secretary.

THE REPORT OF THE BOARD OF CENSORS.

August 14, 1913.

To the President and Members of the Pulaski County Medical Society—Gentlemen:

We, the members of the Board of Censors of the Pulaski County Medical Society, beg to make the following report relative to the charges preferred against Dr. J. P. Runyan by the respective societies of Washington and Benton counties, hereto attached.

When the charges of said Benton County were brought officially to the chairman of your Board of Censors, he called a meeting of the board, which was held Monday night, August 11, 1913. We, the Board of Censors, summoned the accused to appear before the board for a hearing, August 14, 1913, which he did. All members of the board being present, the charges were read to the accused. He denied the right of the board to give a hearing on the charges hereto attached from said Benton County Medical Society, and refused to offer any defense on the contention that said letters hereto attached were not charges, and that the said county had no right to prefer charges against him in the Pulaski County Medical Society.

We, the Board of Censors of the Pulaski County Medical Society, hold that any component county medical society of the Arkan-

sas State Medical Society has a perfect right to prefer charges against a member of a component county medical society by a resolution adopted at an official meeting, and addressed to the county society of which the accused is a member.

We, the Board of Censors of the Pulaski County Medical Society, recommend that the Pulaski County Medical Society take immediate action on these charges against the accused, and we, the Board of Censors, find the accused guilty as charged, and recommend that he be expelled from the society.

We, the Board of Censors, do not think it just for a member to take privileges not extended to all members of the society.

(Signed) Wm. A. Snodgrass, M. D.,
....., M. D.,
R. L. Saxon, M. D.

Cit. Chapter 2, Section 4, Code of Ethics, 1912.

The report of the Board of Censors was received by the society and a ballot on the recommendation of the Board of Censors was ordered. Of 62 voting, 34 favored dismissal and 28 voted against it.

As the constitution requires three-fourths vote for expulsion, the recommendation of the Board of Censors was declared "not adopted." Upon this announcement Dr. Vinsonhaler moved that the society adjourn, which motion carried.

Book Reviews.

A Treatise on the Diseases of Women—For Students and Practitioners.—By Palmer Findley, B. S., M. D., professor of gynecology, College of Medicine, State University of Nebraska; gynecologist to the Clarkson Memorial Hospital and Douglas County Hospital; fellow of the American Gynecological Society; fellow of the American Association of Obstetricians and Gynecologists; fellow of the Chicago Gynecological Society. Octavo, 954 pages, illustrated with 632 engravings in the text and 38 plates in colors and monochrome. Cloth, $6.00, net. Lea and Febiger, Philadelphia and New York, 1913.

This new work offers a complete exposition of the subject of diseases of women, and brings out many points of view not generally emphasized in books on gynecology. A very important feature is the full discussion given to conservative methods of treatment, such as douches, baths, exercise, massage, diet, dress and tampons, which rarely receive the consideration which their importance merits, either in books or in actual practice. Separate chapters are devoted to Nonoperative Methods of Treatment, Hygiene and Dress, Preparation of Patient for Operation, Preparation of Operating Room, Field of Operation and Surgical Utensils, Choice of Anesthetics, Diet, Post-operative Complications and Care of Patients after Operation. Diagnosis has been placed on an anatomical basis, for it is pre-eminently true of diseases of women that the making of a diagnosis is in large part the recognition of the morbid anatomy. Another valuable feature is the presentation of certain subjects which may be considered as on the border line between gynecology and obstetrics, for the separation of these two subjects is an illogical one.

The Principles and Practice of Gynecology—For Students and Practitioners.—By E. C. Dudley, A. M., M. D., professor of gynecology in the Northwestern University Medical School, Chicago. Sixth edition, thoroughly revised. Octavo, 795 pages, with 439 illustrations, of which many are in colors, and 24 full-page plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

Dudley is unquestionably one of the strongest books on gynecology in the English language. Ever since its original publication, fifteen years ago, it has occupied the foremost place among American works on this subject, and the appearance of this new edition serves to strengthen it in this leading position. Its splendid record is evidenced in the complete originality of its elaborate engravings and plates, a feature possible in very few publications. Each one is designed to illustrate some special point in the text, and numerous series of drawings explain operative procedures as they take place, step by step. In its pictorial department the work stands unrivaled. The arrangement of the book is another excellent feature. The subjects are presented in pathological and etiological sequence, so that the reader will have constantly before him the physiological and pathological unity of the reproductive system, and will see the correlation of like morbid processes to each other.

A Manual of Otology.—By Gorham Bacon, A. M., M. D., professor of otology in the College of Physicians and Surgeons, Columbia University, New York. New (sixth) edition, thoroughly revised. 12mo., 536 pages, with 164 engravings and 12 plates. Cloth, $2.25, net. Lea and Febiger, Philadelphia and New York, 1913.

The frequency with which new editions of this Manual are called for indicates a wide-spread popularity among practitioners

and specialists, and shows that it fills admirably the important function of a students' text-book. Its many sterling qualities have resulted in its being "the standard manual of otology in the English language and a model for all works of a similar nature." It has never been approached in its excellent methods of presentation, and it stands practically without a rival in its special field. An examination of this new edition shows that it reflects the subject in its latest aspect. Many sections have been wholly rewritten and considerably enlarged. Emphasis has been laid on the most modern methods of diagnosis and treatment. The excellent series of illustrations has been increased by many new ones, which have been inserted wherever they could be of value in helping to an understanding of the problems under discussion.

Minor and Operative Surgery, Including Bandaging.—By Henry R. Wharton, M. D., professor of clinical surgery in the Woman's Medical College, Philadelphia. New (eighth) edition, enlarged and thoroughly revised. 12mo., 700 pages, with 570 illustrations. Cloth, $3.00, net. Lea & Febiger, Philadelphia and New York, 1913.

When a medical work has reached its eighth edition it may be pronounced a conspicuous success. Only a long continued and steady demand could make possible such a record, and this in turn must be based on intrinsic value. Wharton's Minor and Operative Surgery is a book of great utility and convenience. Its text is clear, and, wherever possible, is helped by its excellent illustrations, of which there are nearly six hundred, showing in many cases the steps of the various procedures. Many of them are photographs, and in the section on bandaging they are especially abundant.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago.—Volume II, No. IV. (August, 1913.) Octavo of 206 pages, 49 illustrations. Philadelphia: W. B. Saunders Company, 1913. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

The leading article in this number is on "Some Observations on Vaccine and Serum Therapy," from Dr. Murphy's clinic, by Philip H. Kreuscher, M. D., of Dr. Murphy's staff. He reports a large number of cases showing a large variety of diseased conditions which he has treated with vaccine, with a closing discussion and comment by Dr. John B. Murphy. It is Dr. Kreuscher's opinion that biologic therapy will in a short time revolutionize the present-day treatment of many medical and surgical lesions, and particularly in the early acute infections. That autogenous vaccine should always be given when it is possible to obtain them.

The other twenty articles pertain to surgical cases by Dr. Murphy.

Massage—Its Principles and Technic.—By Max Bohm, M. D., of Berlin, Germany. Edited, with an introduction, by Charles F. Painter, M. D., professor of orthopedic surgery at Tuft's Medical School, Boston. Octavo of 91 pages, with 97 illustrations. Philadelphia: W. B. Saunders Company, 1913. Cloth, $1.75, net.

The writers of this book present the general technic and procedure of massage. They give the contra-indications as well as the indications. They state that massage is chiefly employed in conditions of atrophy and clearly describe muscle massage.

The book also describes massage of the nerves and skin and states that many nerve affections are treated to advantage; primarily in the different forms of paralysis.

Under Massage of the Abdomen they say that abdominal massage should be given to overcome chronic constipation.

The aim of the treatment is as follows:

To invigorate the abdominal walls.

To mechanically push forward the contents of the small intestine, and especially the accumulation of peristalsis of the small intestine.

The book is well illustrated and should be quite helpful to physicians interested in massage, as well as to create new interest in this subject.

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First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, M. C. Hughey, Rector. Term of office expires 1915.

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Fourth Councilor District—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor, E. E. Barlow, Dermott. Term of office expires 1914.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union counties. Councilor, J. S. Rinehart, Camden. Term of office expires 1915.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, C. A. Archer, De Queen. Term of office expires 1914.

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Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope counties. Councilor, W. A. Snodgrass, chairman, Little Rock. Term of office expires 1914.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, A. M. Hathcock, Harrison. Term of office expires 1915.

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Delegates to American Medical Association—Morgan Smith, Little Rock; W. V. Laws, Hot Springs.

Alternate—Carle E. Bentley, Little Rock.

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Original Articles.

SKIN GRAFTING.*

By St. Cloud Cooper, M. D.,
Fort Smith.

It is the purpose of this paper to call attention to a simple method of skin grafting easily performed by anyone acquainted with modern operative technic.

Having some skin grafting to do, I read in The Journal of the A. M. A. of September 7, 1912, an abstract of an article by A. MacLennan taken from The Glasgow Medical Journal, entitled "Tunnel Skin Grafting; a New Method of Covering Raw Surfaces with Epithelium." In looking over recent literature I have failed to find mention of this simple procedure, and as skin grafting by this method is so simple, so easy to do, and so satisfactory, I deemed it worthy of the attention of this society.

I quote from the abstract:

"In many cases of burns the surfaces seem never to be ready for grafting, and so the matter is delayed until with the lapse of time and the applications of very frequent dressing the surface to be covered gets more or less clean. It is especially in those unfavorable cases that MacLennan thinks his method is so applicable. The usual measures to get as ideal a surface as possible not neglected; but too much time should not be allowed to elapse before an attempt is made to get an epithelial covering over the raw surface. The steps of this operation are as follows:

"The day previous the skin to be transplanted is washed with soap and nailbrush well soaked with methylated spirit and covered with a dry sterile dressing. Before removing the graft the skin is again rubbed with spirit, and dried with sterile gauze. The graft may be a mere shaving, or be the entire thickness of the skin. The subcutaneous fat, when the whole skin is taken, is not raised with the graft, and may, or may not, require to be subsequently excised before the wound is closed with a continuous silk worm suture. The excised skin should be placed in a saline solution and the wound closed before the hands, etc., become soiled during the manipulation about the septic surface. The graft is then cut into little strips a quarter of an inch wide and about three-fourths of an inch long. The ulcerated surface is then prepared for the graft by tunneling beneath the granulations with a pair of forceps or other suitable instrument. The tunnel should be just wide enough to lightly compress the graft, and long enough to cover in the ends. If wide strips be employed, too much of the granulation layer is raised, and it sloughs too often, certainly before the graft takes firm root. The depth of the tunnel will depend on the breadth of the strip and on the quality of the granulations. The deeper the tunnel the more likely is the graft to become firmly attached before the protecting granulation layer disappears. The point of the forceps protruding through the other end of the channel grasp the skin-strip, and by withdrawing the forceps the graft is drawn into the tunnel and there left. * * *

"The graft comes to lie in a little cell embodied in blood-clot, and under the surface protected from contact with the dressing. The tension of the superimposed granulations keeps the graft in contact with its bed to which it is intended it shall adhere. After such a plan of grafting the dressings take place irrespective of the grafts, and in this way the ulcerated surface may be kept clean, and septic absorption minimized. When the

*Read in the Section on Surgery of the Arkansas Medical Society at the Thirty-seventh Annual Session, held at Little Rock, May 20-23, 1913.

graft is firmly fixed, the superimposed bridge of granulating tissue can be divided."

I have tried this method in two cases with splendid results. In the first case, by an accident a man had lost an area of skin amounting to forty-five square inches on outer and upper part of left thigh. After the wound had cleaned off and the granulations had grown up even with the skin, the man was prepared as described above, and under general anesthesia a strip of skin was removed from the inner side of his right thigh, the whole thickness of the skin being used. All fat was removed from graft and the strips of skin were placed in the tunnels made by a narrow-bladed knife. Every one of the grafts grew and it was very interesting to watch the rapid growth of the hairs that were on the grafts. In a few of the grafts that were not placed deep enough under the granulations, the outer skin, or epidermis, softened and came away; but the true skin remained and spread rapidly to join each other. This large surface was soon covered over with good skin covering.

The second case was for a burn of the hand in which all of the fingers were lost except the thumb and first finger with part of the back of the hand, leaving a surface of about nine square inches to graft. The same procedure was carried out in this case with likewise splendid results.

I believe that the skin of puppies could be used in this manner, and when the opportunity presents itself I shall make the trial.

DISCUSSION.

Dr. John Young Brown (St. Louis)—I have listened with a good deal of interest to the most excellent address of the chairman and to the reading of this most excellent paper. I have never used the method he speaks of, although I have been associated with a good deal of work of this kind. The method I have been in the habit of usiug is the old Thiersch method of grafting, or reconstructive method; but I can readily see from what he says there, and as I have found, if we but give nature a chance, in many cases where we used to think skin grafting was absolutely essential, if we will but wait long enough nature will take care of herself. Quite recently at the Hospital St. John we had a sister who had almost the entire skin torn from her hand by being caught in a mangle press. Her fingers, the palm of her hand and the upper portion of the hand were badly burnt.

At first I thought it would be necessary to graft her, but her hand is covering over beautifully. I saw it the night before I left. What seemed to be a condition that would necessitate either grafting or the flap operation has made a beautiful recovery. All that will be necessary to make her recovery complete will be to clip off the dead bone that is protruding.

Dr. Wm. Britt Burns (Memphis)—The question of skin grafting is one of very great interest and one that is followed by the greatest possible beneficial results. We have several methods of skin grafting. The first is the Reverdiu method. Small particles of the epithelium are transplanted over the entire denuded area about as you wonld stick Bermuda grass over your lawn aud expect it to grow together. Another is the Thiersch method, where you cut as large a graft as you can with whatever instrument you determine to use, and cover the whole area of denudation. Another is the Wolfe-Krause method and some other combinations. The whole skin is transplauted without a pedicle and held with proper bandage; another method is that of transplantations of bone, muscle and skin—Krause. This has been very beautifully brought out aud exemplified iu the work of Carrel, of the Rockefeller Institute.

I have very frequently after the removal of small skin cancers, by going out and removing one-eighth of au iuch, or such a matter of sound skin and removing the ulcer, I have found by grafting immediately over this spot you can get union by first intention and a cure of the epithelioma. In extensive burns and denudations we can very frequently cover by the Wolfe-Krause method and expect to get satisfactory results. Many times burns are so extensive that we would not be able to get enough skin to cover the denuded area, and it is necessary to take skin from some other person, and that is not usnally a very easy thing to accomplish. So, for several years I have been taking skin from amputated stumps. I had two patients in the hospital recently—that is, in the last year or two—where one-half of the body was burned in one instance and about one-third of the body in the other. Each of these was grafted twice from himself—or, rather, I took the skin from him; these I have called autografts. The balance of the denuded areas were covered by the skin which I had takeu from amputated stumps—just watching the opportunity when injuries of the limbs came into the hospital. I asked the permission of the superintendent to get the skin of amputated stumps, aud in the course of time was able to accumulate enough skin to cover these very large burns.

As mentioued by Dr. Brown, I remember some years ago I had a child, female, five or six years old, got in the line of fire of a load of slugs from a shotgun at a logging camp. The skin of the vnlva was torn away down to the bladder. On account of the location of the injury I did not care to graft in that case, for the reasou that it covered rather rapidly; in the course of time this completely healed. The urethra discharged its urine through the middle, just in the center of the denuded area, for several weeks; but nnder these circumstances we got a thorough covering of skin.

Dr. Cox (Helena)—I enjoyed the paper very much. I simply rise to ask one question: When he makes his tunnel and inserts his grafts underneath, is he expected to cut and look to see that the granulated tissue over the grafts should be divided? I shonld like to ask him if it does not divide—what happens? I should think that it would be rather a difficnlt matter to find the grannlated tissue over the graft after a day or two.

Dr. Cooper (closing)—In answer to Dr. Cox's question, I will say that you wait until the granulations are built up even with the surrounding skin; the tunnel is made as described and the graft is pulled into the tunnel. When these grafts are properly placed, almost every one will grow. They grow regardless of the kind of dressing used. It is interesting to watch the growth of the grafts. Before many days the wound will be covered over. The technic is so simple that almost anyone can do this kind of grafting.

GENERAL DISCUSSION OF THE VALUE OF PITUITRIN IN OBSTETRICS.*

Discussion opened by the chairman.

Dr. Rhinehart (Camden)—It seems like this ideal gland has many functions and uses. It is in accord with some of our later therapeutic agents, notably that of adrenalin, with which all of us more or less have had experience. It is along the same line, the same therapeutics in principle, that we have in the thyroid extract, the ovarian extract, and so on. But this particular therapeutic agent is rather recent, and has somewhat of a reputation as a pretty safe general oxytoxic agent and is used some in obstetrics. I hope the members here present know something about its use, have had some personal experience with the use of this pituitrin. I have had no personal experience with this drug in obstetrical practice—none whatever. Recently I have used it in asthma. I am using everything in asthma that I have read about or hear about that is good for asthma, in the hopes that some time I will get hold of something that will be satisfactory in the treatment of these asthmatic cases. In the one case in which I have used this, in a chronic case, it has done good so far. Whether at the next attack it will do any good, I cannot tell you. It might follow the same experience as adrenalin, which does good in certain cases of asthma. I feel there are others here who know something about this, who have used it in obstetrical practice, and we would be glad to hear from you in a general way—anyone who has had any experience of any value as to giving it or rejecting it, as to its dangers or its advantages.

Dr. Miller (Little Rock)—I am sorry to say I have never used it. Some time ago I purchased a dozen of little tubes, and I have carried it in my obstetrical case, but I have never seen a case in which I thought it was exactly suited. My understanding is it was for use in the cases where we have a dilated os, and the pains are ineffective. We have all seen those cases where we go out in the country somewhere to see a patient; she has the os dilated about the size of a dollar, and she will have pains about every two or three days, and you think you would like to go home, and yet they insist that you stay, and, if you do finally go away from the case and go home, the chances are you are called in a hurry, and they will tell you the baby is born. Just such cases as that I think it would be available and a good remedy, because it increases the pains and brings on a storm of uterine contractions, and will expedite matters by bringing on delivery where the pains are not effective. You can use massage over the abdomen and uterus and probably bring on a few pains, but they are ineffective. The only thing I can say about it is that it has been *very* effective in my hands, because since I have been wanting to use it I *have not* seen a case of that kind. The ones I have seen since that time have been long-drawn-out, tedious primipara without any dilatation at all, and of course in those cases it certainly would be dangerous. In a case where you have the first stage of labor practically ended, I would not hesitate for a minute to use it, and I think it's a good remedy from the reports I have read, but I cannot say that I have used it myself.

Dr. Beatty (England)—I had two cases in which I used pituitrin; both were primipara; had been in labor some time, with the uterus inert; the pains were not sufficient—in fact, no pains at all. The patient was exhausted; had been in labor some time. In one of these cases I was forty minutes, and the other, I think, was about an hour and ten minutes after I gave it. In most cases I used just one ampule and got along. It certainly makes good pains and is quick in action. I got pains stimulated in ten minutes after the hypodermic injection, and no bad effects in any way. I carry it, keep it regularly, and think it is great.

Dr. Bishop (Ashdown)—What condition was the os in?

Dr. Beatty—In both cases the first stage of labor was over, dilatation was complete and the uterus inert.

Dr. Pipkin (Tillar)—I have been practicing medicine about twenty-three years, about eleven years of the time in this city and the balance of the time out in the country below here. I have never had to resort to pituitrin for any work of that kind. I may be a little bit more fortunate than the others. I never had very much trouble with cases of that kind. I have had some cases that I had to make a uterine contraction or something of that kind, but, as a rule, about all I have to do

*Read in the Section on Obstetrics and Gynecology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

is to give some heavy dose of quinin or somethink of that kind—something that is stimulating to bring those pains on, and they come on. I have had quite a bit of success in my work in that line. I haven't had any experience with pituitrin. Of course, if it should become necessary to use it I certainly would like to use it, but would like to hear from the balance of those who have used it and find out what success they have had with it.

Dr. Wozencraft—I have used pituitrin in four cases, two of them just before delivery, and one of them just before I had to send after some more help, and had a very successful delivery; but the most remarkable and beneficial results that I saw in any of the cases that I treated was in the persistent tendency to post-partum hemorrhage. About thirty minutes after delivery the uterus relaxed and filled up, and upon being emptied, as long as you would hold it down by external pressure it would not bleed. As soon as you took your hand away it would start filling up, absolutely no contractions at all. After trying by massaging the outside, I called a lady, who was in the house helping me, to hold the uterus down while I administered a dose of pituitrin. About five minutes after I gave it I released my hold, the uterus contracted down nicely, expelling a small clot, and that was the last of it. It stayed down, and in this condition I found that I could not think of anything that would have brought about a nicer result than I got there.

Dr. Causey (Swifton)—With reference to the use of this drug, I just came in. I am sorry I did not hear the paper. I wish to state that I have not used it very much, but in one case I have used it in it has been very satisfactory. I had one patient who always had to be delivered with the forceps before. At this particular time I thought I would have a very fine opportunity to test this remedy. I waited until it seemed as though all other efforts were futile and the patient began to beg for the forceps. I persuaded her to wait a while until we could get the effect of this hypodermic, and about thirty minutes after I gave the hypodermic the pains began to come very satisfactorily, and in less than thirty minutes longer the patient was delivered. I had occasion to try it in another case that had always been delivered with the forceps. It also acted very nicely in this case. While my experience with the remedy is very limited, what experience I have had has been very successful and very satisfactory.

Dr. Strickland—I don't want to speak in reference to this particular drug, but I want to say that we ought to go on record as opposed to all these drugs previous to the delivery of the child. In my opinion, more danger is done from this nature of drugs in obstetrics than any other one thing. I have heard, for instance, a physician tell me to give a teaspoonful of fl. ext. ergot, when there was a dilated os. I don't think anything on earth is worse medicine than any of these drugs previous to the delivery of the child. There have been more dead babies as the result of them, more post-partum hemorrhages as the result of them, than any other one thing in my experience. I have practiced medicine twenty-three years, and never have given a dose of it previous to delivery, and never have seen where it was justified. On my part, I used the forceps. I am going to avoid all these oxytoxies previous to delivery. As a result of that, I never had any trouble with any blue babies. I think this association cannot do anything better than to absolutely go on record as opposed to oxytoxies previous to the delivery of the child, without any exception. Let's use the forceps and advocate its judicious use. Let's first give Nature a chance, and if you have to resort to anything, let's go to the forceps.

Dr. Bishop—I have never used this remedy, but I have seen it advertised. But I am glad I came here and heard the experience of those who used it. I want to give you my experience against the brother's experience. I have been practicing medicine twenty-six years. I haven't done a great deal of practice like some men; I have done enough practice and collected enough to live. I have given drugs to increase the pains. I have given it for years, and I would rather give a drug than take the forceps. I have heard of just as many babies being killed by the forceps as I have heard from drugs. I will tell you that experience is a great thing. I have had some experience in babies being born dead and some of them being born alive. But I will tell you I give a remedy to increase the pains. I have given ergot time and again in frequent doses in the same case, and I have gotten good results as far as my own intelligence, observation and experience could get. I have given

quinin, I have given strychnin, I have given digitalis, and that combination three in one, morphin, digitalis and hyoscin, I have given that and I had good results from it; but if I had nothing but morphin, with a rigid os, I would give that to dilate it, and if the pains were not good, would give ergot and morphin and have as good success that way as any. I don't doubt the brother's experience at all; I don't blame him for it, and I am glad he gave his opinion and experience, but that is mine.

Dr. Strickland—I want to be understood as not classing quinin and strychnin as active oxytoxics. The doctors don't so consider it. Ergot as a remedy or as a medicine in oxytoxic cases is criminal. That is all there is about it.

Dr. Pipkin—I would like to say that I have never had occasion to use ergot at all in any stage of labor, except after delivery. That was my first principal stock in trade, and I have stood by it ever since and have had very good success. I have come in contact with cases where they had very severe pains, strong pains and hard for a length of time, just like your real labor pains. At the same time there was no dilatation particularly, and I have at that time used a light dose of morphin or codeine or something of that kind, and have known them to go then from three to four days or a week before the real labor would set in. But a man has got to be his own judge about that. That only happens once in a while. But, as far as ergot for stimulation is concerned, I don't use it at all. I was taught not to use it, and have stood by it, and never use it and never expect to use it.

Dr. North (Little Rock)—In regard to that drug, I have had no experience whatever, but the question of ergot came up. In regard to the use of ergot, another doctor said here that it could not be more greatly condemned than it has been, but here is the question to my mind regarding that drug. It seems to be the consensus of opinion that it certainly does stimulate uterine contractions, at least as far as I can understand. But here is what ought to be brought out in the discussion, or should have been brought out: What are the after results? After we use ergot we find the lacerated cervix. It cannot be too strongly condemned.

Dr. Lamb (Walnut Ridge)—I think there is nothing in the world that will take the place of forceps. Of course, if we don't know how to use them, we should call somebody who does. Ordinarily, I think we should know as much about the use of forceps as we should about giving a dose of pituitrin or quinin. However, I use quinin and like it very much for increasing pains. When that does not do it, or in a long-continued case of labor, I think we should in justice to the patient and to ourselves and the profession use forceps.

Dr. Bishop—I don't want to be understood as condemning the use of forceps. There are many cases that the forceps do a wonderful amount of good and give quick relief, and then there are cases from observation and experience that I have got good results from ergot; I don't remember of any bad results. In giving it, a man must be his own judge. He must have some judgment about everything he does. He must be sure he knows what he is at, whether he uses the forceps or anything else. I have all due respect for the brother's view as to the criminal view of it, but I haven't had that experience. My experience is worth as much to me as his is to him, and I have got good results from the use of it.

Dr. Strickland—I don't think there is any question more vital than this. We ought to get out of it all we possibly can, exchange all the views we can. I want to learn. I don't propose to know it all. But there is the question come up whether we should use drugs or the forceps, or do anything or not. I think as far as the use of drugs is concerned, it is all right, the use of strychnin, quinin and such things as that, but never in oxytoxic cases. But the question I want to bring out is, when should you interfere? That is a mistake more physicians do than any other one thing, in my opinion, in obstetrical practice. It has been my rule that so long as Nature is taking care of that woman, so long as her pulse remains, I might say, in a normal state, I let Nature alone; I do not propose to interfere. Just as soon as I see that Nature is flagging, and she is not equal to the occasion and needs aid, I go to her relief, but not until then. For instance, I might lay it down as a rule that when the pulse rate is 100 you have to do something for that woman if you don't want to lose her. Every pain she has makes her less capable to meet the emergency. When she is flagging, all you need is a little judi-

cious use of the forceps and slight aid, and delivery is effected and you have good results.

PHENOL-PETROLATUM.*

(A New Treatment for All Tubercular Conditions.)

By Stanley Sevier Warren, M. D.,
San Angelo, Tex.

Following the changes from day to day of a pathological condition—to the arrestation of these destructive changes, and the subsequent efforts of Nature to re-establish physiological functions that constitute a state of health is, I believe, the most interesting phenomenon that comes before us in the study and practice of physical diagnosis.

In a chronic, wasting and heretofore hopeless condition as pulmonary tuberculosis, we could only imagine, and prophesy as to how these changes might come about. In the so-called climatic cure we have nothing more than a cessation of pathological activity which may remain quiescent a short or long time, depending entirely, of course, on the general health of the patient.

All of us who have watched the progress of these cures will recall that we are never able to demonstrate, to our satisfaction, any very marked changes such as we would look for, and expect to find in an absolute cure from a specific agent. I have examined many cases in this Western country, and also patients from Eastern localities, who are laboring under the delusion that they are permanently cured. I think anyone who has had much experience in the diagnosis and treatment of tuberculosis will agree with me that these patients are as typically tubercular, to the trained eye, as they ever were.

During the past six months I have had the extreme pleasure, and I believe the very unusual experience, to say the least, of following from day to day those functional and structural changes that mark a return to health in a heretofore incurable condition, namely, pulmonary tuberculosis. Of course, I do not question that there are a great many cases of tuberculosis that get an arrested condition either through the rest and climatic cure or through Nature's inexplicable methods. This has been too clearly demonstrated both in the prolongation of life and autopsy findings to leave any doubt. However, I repeat, all tubercular people are indelibly stamped with the imprint of the disease that is always apparent to the trained eye of the physical diagnostician.

A specific cure must not only demonstrate its value as a cure, arresting all clinical signs and symptoms, but must completely obliterate the stamp of the disease.

Let us take for an example syphilis, which I think most clearly demonstrates this, and in fact, I believe, is the only chronic, destructive condition to which we can point. There are millions of these cases that have so perfectly responded to its specific that they would baffle the skill and learning of our most thorough diagnosticians. A specific in tuberculosis must, in my opinion, bring about equally as perfect results before it can be accepted as an absolute cure for tuberculosis.

When I first began my work with phenol-petrolatum, I felt if it would give us an arrestation in incipient cases that it not only deserved a place in our materia medica, but, in addition, the commendation of an absolute specific. This, however, is not sufficient. It must also dissipate the physical signs which characterize the presence of cavities of at least a moderate degree. Will it accomplish this? A few months ago I would have said, decidedly no—that cavities, necessarily entailing a destruction of lung tissue, must remain cavities, and therefore give those physical signs which denote their presence. This, however, is not true, and is one of the marked differences between an arrestation and a specific cure.

It was this marked difference that I apparently got in cavity formations with phenol-petrolatum that impressed me with its value as a specific treatment. I do not claim that the large cavity formations which accompany and constitute the third and hopeless stage will show any change, for the reason that these cases are beyond the aid of any remedial agent, and even with the most careful nursing have but a few months to live. They are cases in which every organ and all functional activities are pathological to the point of dissolution and death.

The blood-making organs, and the construction functions that constitute, support

*Phenol-Petrolatum is a one per cent incorporation of carbolic acid in liquid petrolatum.

life, and fight for the healthy equilibrium, refuse to respond to any further calls. In this connection, however, I wish to call your attention to the action of phenol-petrolatum. It is the almost miraculous temporary action in these advanced and hopeless cases, I think, that has so impressed the medical profession with its wonderful possibilities. I have taken these hopeless cases with their persistent vomiting, debilitating night sweats, high temperatures and pernicious pus chills —patients whose emaciated bodies are wracked with continuous coughing, where nauseated stomachs revolt at the sight of food—and given them months of fairly comfortable existence under the phenol-petrolatum treatment. It is a most instructive and yet pathetic demonstration of Nature's wonderful recuperative process to see her bring into action her fighting forces for her final and magnificent effort to conquer death.

From day to day as you progress with the treatment, you will note improvement in all of these symptoms, and you will almost be persuaded that you are getting a cure. Nature will, however, use all of her reserve under the spur of this marvelous agent, and, of course, the end will come. You will, however, be so impressed that the thought will naturally arise as to what this treatment will accomplish, where the vital forces have not reached such a low ebb; and you will at once see the value that phenol-petrolatum will have in the earlier stages.

The therapeutic action of phenol-petrolatum has, as yet, to be explained. I, myself, believe that it is best explained—and that the proof is in the results—by the theory of an immunized leukocytosis. This is an old theory and I believe the most logical theory ever advanced. That we get an increase in leukocytes upon the introduction of any foreign matter beneath the skin is a fact of easy demonstration. That confined pus anywhere within the body will bring about a leukocytosis has been proven, microscopically, too often to admit of any question. That this, therefore, is Nature's method of protesting against any interference with her normal functions is an assured and proven fact.

But, notwithstanding Nature can and will manufacture leukocytes up to her physiological limit, it is not within her functions to give these an immunity from death and destructive processes. It follows, therefore, that she must receive outside aid.

One cannot intelligently discuss or study the theory of leukocytes and immunity without, for the moment, studying the action and effect of serums and serum therapy. I have been criticised for stating, merely as an opinion, that serums and serum therapy will never meet the indications for a cure in any chronic wasting disease. I think that this opinion is based upon good, clean-cut, logical reasoning; and also taking into consideration the harm resulting from the persistent and pernicious practice of injecting tuberculin over a prolonged period in the treatment of tuberculosis.

I hold that this treatment is just about as logical and as excusable as would be the injection of sterilized pus. Nature protests upon each injection, and registers this protest by calling for more leukocytes. These leukocytes go into action at once, and we will grant that they destroy their usual number of micro-organisms before they in turn die, and become an added source of infection. Did you ever realize that it would be far better to allow Nature to use her selective senses and her neatly poised equilibrium to be the judge as to the time and manner of throwing more leukocytes into activity.

We bear about the same relation to Nature in her fight against tubercular infection as an eye witness does to a General maneuvering his forces in bringing them into action. He not only knew the strength of his own forces, but doubtless knows that of his enemy. We might be able to double his forces, but at the same time so impede the movement of his troops as to lose the battle. If we could, however, provide his soldiers with a protective armor, and leave him to still direct his forces, there would be no doubt about the outcome of the battle.

Nature will excuse any interference on the part of science that will give her leukocytes an impenetrable armor, but she will not tolerate any interference either with an artificial increase of her fighting forces or its distribution.

Serums never have and never will give an immunized leukocyte. They give us a rapid increase in numbers which in turn perform their phagocytic functions—die and become an added source of infection which

manifest themselves in the so-called febrile reaction. Nature will stand this whip in acute infections, and no doubt this artificially created leukocytosis is of great value in those infections that run an acute and rapid course. However, it has been demonstrated that a five per cent aqueous solution of carbolic acid when given intramuscularly is equally as good, if not superior, in its action to the serums both in tetanus and cerebro-spinal meningitis. I have not the least doubt but that it is just as effective in the treatment of diphtheria and other acute infectious diseases.

Apparently, carbolic acid is the agent "par excellence" to bring about a rapid increase in the leukocytes. It only remained, therefore, to combine or associate carbolic acid with some therapeutic agent that would confer an immunity upon leukocytes, and that would in no other way interfere with their phagocytic action. That Nature possesses this function, up to a certain point, I think is demonstrated in the fact that she can and does overpower infectious and contagious diseases in many cases—even to a point of a cure, as, for instance, in pneumonia, diphtheria, and in many cases of tuberculosis when there has been no medicinal treatment whatever. She not only increases her leukocytes, but confers an immunity up to a certain point. The indication, therefore, called for a therapeutic agent that would increase this physiological function.

I confess that the value of petrolatum, as a therapeutic agent, came to me in rather an accidental way, and through the use of what is commonly known as a household remedy—carbolized vaseline. I had prescribed its free use in the treatment of the intense itching and discomfort following the sting of the mosquitoes. The case happened to be one of pulmonary tuberculosis that was under my care, and was in an advanced stage. The patient was being furnished this simple remedy from the hospital and it was not until the hospital steward called my attention to the amount being used that I investigated the matter, when I found that the man was using it in large amounts, and over the entire body. I was also impressed with the improvement in his general condition. This suggested the possibility of its value and led to further investigation. In trying to account for its therapeutic action, it occurred to me that it might be either radio-active or radiferous. On my return to the states I had this question thoroughly investigated by competent men. Their report was in the negative, and, consequently, I am as yet in doubt as to the manner in which it confers an immunity against the disintegration and death of the white blood corpuscles.

Phenol-petrolatum is a one per cent incorporation of carbolic acid in liquid petrolatum. It is proving its value in the treatment of all tubercular conditions, and it is well worth a trial. It is in no way restricted as to its manufacture, and has been given freely to the medical profession.

I would be pleased to answer all inquiries from physicians as to the directions for its administration, and to furnish them with any other information concerning its use that they may desire.

THE BAD TASTE IN HYPOCHLORITE-TREATED WATER SUPPLIES.

It is surprising, as pointed out by Lederer, that so little attention has been paid to the question of removing the taste from water supplies treated with chlorinated lime. In this country especially, where the treatment of many large public supplies has been carried out with brilliant sanitary success, there has been frequent and often bitter complaint about the taste of the treated water. As well known, antagonism has developed in many places between water boards and health departments as a result of these conditions. On one side is the recognition that the danger from water-borne diseases is greatly reduced by the hypochlorite treatment; on the other is the necessity of having to bear the burden of daily complaint and to meet the indignant protests of thousands of aggrieved water drinkers. As Lederer shows, a simple method for removing the taste from hypochlorite-treated water is the use of sodium thiosulphate. He has obtained good results in the elimination of taste in Lake Michigan water treated in this way. It must be remembered that thiosulphate stops the germicidal action of the chlorin so that it is necessary to allow the chlorin to act for ten to fifteen minutes before the thiosulphate is added. In this way, says The Journal of the American Medical Association, water can be made both safe and palatable.

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DR. WILLIAM R. BATHURST, Editor.

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Editorials.

STATEMENT MADE UNDER NEW POSTAL LAW IN COMPLIANCE WITH THE ACT OF CONGRESS, AUGUST 24, 1912.

Statement of the ownership, management, etc., of The Journal of the Arkansas Medical Society, published monthly at Little Rock, Ark., required by the act of August 24, 1912.

Owned and published by the Arkansas Medical Society.

Known bondholders, mortgagees and other security holders holding 1 per cent or more of total amount of bonds, mortgages or other securities—None.

Dr. William R. Bathurst, editor.

Sworn to and subscribed before me this 22d day of October, 1913.

(Seal.) Chas. Jacobson,
Notary Public of Pulaski County, Ark.
My commission expires May 24, 1916.)

In one grade of a public school in Scranton, Pa., nearly one-half of the pupils were found to have defective vision. In practically every case the defect was of sufficient degree to call for correction by glasses.

A NOTABLE EXPOSURE OF QUACKERY.

The Chicago Tribune cannot be too strongly commended for the splendid work it has accomplished in driving the fake doctors out of Chicago. Not only the medical profession of Chicago and Illinois and the victims of these unscrupulous harpies in the city and state, but the profession everywhere is indebted to this fearless newspaper for the service it has rendered the public. What the Tribune did required courage, for newspapers are extremely cautious where libel and damage suits are potentially possible. What the Tribune did was this: Its healthiest men were picked out and after being rigidly examined by reputable physicians sallied forth to visit the advertising quacks. Without exception every one called on swallowed the bait, hook and all. Every one of these sound, healthy young men were told they were in a parlous state, suffering from syphilis, gonorrhea, varicocele and other diseases these specialists guaranteed to cure. The Wassermann test and the Salvarsan treatment were suggested—with a fee in advance, of course, and a total of anywhere from $45.00 up. A specimen of urine was asked for, and in each case the patient on the next visit presented a vial containing hydrant water, with a little chlorine and a flavoring of ammonia. The "analysis" was made by an assistant while the "patient" waited. Presently the assistant reported a specific gravity 1.001, whereupon the fake doctor looked grave and declared the case to be much more serious than he thought.

When the evidence was complete the stories of the reporters were published and consternation spread throughout the camp of the fakers. Then came further developments from victims and former assistants, some of whom had gone into the business thinking it legitimate. One of these, when a hopeless consumptive was brought in and even the fake doctor expressed pity for him after he had gone—after leaving $20.00—said, in his innocence, "But you can cure him, doctor."

The doctor looked at him hard, as though he had made a fool of himself, and said, "My boy, we don't cure anyone here." And that opened his eyes for the first time.

In another case a hernia subject left his family physician and went to one of the quacks. He injected paraffin and in ten days of the treatment the man died. After the

exposure came, that doctor and another fled to Canada to avoid prosecution.

It is not necessary to go into all the shameful and shocking details, nor is there space to do so; but the Tribune has about killed the game. The city authorities, the Board of Health, the Illinois Medical Society and the federal government all got busy at once and the good thing is about over.

Now, these scoundrels are all graduated physicians, many of them from reputable colleges, or they could not have obtained license to practice. One "Dr. Jekyll and Mr. Hyde" quack was a fake doctor at his office and passed as a reputable physician at his suburban home. They simply found it easier to coin money out of ignorant patients by quackery than to engage in legitimate practice. The remedy is in greater care in licensing such scamps, a closer scrutiny by the medical societies of city, county and state, and exclusion from the mails by the postal authorities.

A final word must be said concerning the attitude of the newspapers. The Tribune and some other reputable papers refuse to carry the advertisements of these quacks; but other large dailies are the greatest aids the fakers have in giving them the needed publicity.

STRANGE CASE OF THE BLIND MADE TO SEE.

That one who is afflicted with blindness after years of sight, as by cataract, for instance, and is afterward relieved, should at once resume the normal condition goes without saying. But Dr. Moreau, in The Journal of the American Medical Association of October 25, by their Paris correspondent gives a most remarkable account of abnormality in the case of a boy born blind and made to see for the first time at the age of eight years. It sets at naught the pretty theories of novelists and playwrights who have taken that for a theme, as, for instance, in the famous old play "King Rene's Daughter," in which the heroine receives her sight only when reaching womanhood.

In the case reported the boy had learned so to rely on the sense of touch that eyesight served only to confuse and confound him, and, strangely enough, after the lapse of two years he had advanced no further in differentiating objects by the sense of sight nor in having any sense of proportion whatever in judging distances.

Upon the first removal of the bandages after the operation on the eyes, the boy could see, but, like those referred to in the New Testament, he was as one of those who having eyes see not—that is, he saw without discernment. The bandage was replaced and two days later was removed permanently. Then began systematic efforts to educate him in using his eyes in connection with the sense of touch; but it was almost wholly in vain. He would be given an object he declared he did not know what it was.

He was given a small empty box to touch, in which he thrust his hand. Then he was told to look at the box and was told it was the same thing he had touched, and it was a box; but the only appeal to his reasoning powers was that this empty thing in which he could thrust his hand was a box. Therefore, his cups, his shoes, a basin, a basket, any object into which he could thrust his hand, was a box, nor could he be taught to differentiate such objects by the newly found sense of sight.

Equally as strange was the impossibility of teaching the boy any idea whatever of distances. He would reach for lamps across the room, for street lights one hundred feet away, for the moon which he mistook for a lamp, and for the stars. He remained at the hospital where he was operated on for fifteen months, and a nun made futile efforts during that time to teach him to read. She taught him the alphabet by word of mouth, but could not teach him to identify the letter by the sense of sight. Then the father took him home. Dr. Moreau saw him again a year later and states that not only had he made no progress whatever in the education of the eye, but had forgotten what little he had learned at the hospital.

It would be interesting to know if there were not some mental deficiency here, or whether the complete reliance on the sense of touch from birth had not rendered the sense of sight supererogatory and practically valueless.

THE FLUELESS GAS HEATER.

At this time of the year, when many feel that it is not cold enough to use the general heating system of the house, but too cool to be entirely without heat, the use of portable gas- or oil-heating apparatus is a great convenience. Cleanliness and comparatively low cost of operation make this type of heating deservedly popular. Unfortunately,

many of these heaters are used without a flue-pipe to carry off the products of combustion. The use of such heaters is to be deprecated. This is especially true of those devices of low efficiency that make it practically imperative that the doors and windows be kept closed if the object sought—that of raising the temperature of the room—is to be obtained. These heaters put a premium on insufficient ventilation. The current issue of a high-class monthly magazine carries a full-page advertisement of a gas heater that is specifically recommended for use in the children's play-room. It is advertised as "the ideal heat for the nursery," and in heavy type the claim is made that it "will not vitiate the air." "Such advertisements are dangerous," says The Journal of the American Medical Association. There may be times when one is willing to sacrifice health for comfort for a short time; when an increase of temperature in the room is sought even at the expense of vitiated air. When this is done with a full knowledge of possible dangers, it may not be too severely criticised. But to lead people to believe that any room can be heated healthfully for any length of time by means of a flueless gas or oil heater is dangerous doctrine. An efficient gas or oil heater with a flue attachment is an admirable piece of household apparatus; a flueless heater is an abomination—except for the most temporary of uses, and then it should be used with a full knowledge of the dangers involved.

WHY ARE SOME CHILDREN CROSS-EYED?

The general public has many false ideas concerning this unsightly defect, and, consequently, many parents are prone to neglect it because of the hope or the belief that the child will "outgrow it."

Were the real cause and the consequence of neglect of this condition more generally known and accepted, great benefit might result to many unfortunate children and their lives made happier. It is not generally known that in the majority of squinting eyes, blindness results to a greater or less degree unless early attention be given them.

The primary cause in most children who have this defect is the lack of the power of combining the images seen by the two eyes into one. This faculty has been lost or has not been developed with the growth of the child. Its development may have been interfered with by a difference in the two eyes, one being far-sighted, the other near-sighted, or there may be other differences which interfered with harmonious action. The child cannot focus both eyes on an object at the same time, so in order to avoid the discomfort or strain of effort, the weaker eye gives up and crosses in order to avoid the embarrassment of double vision, which would otherwise occur.

Soon this habit becomes fixed, and permanent squint is brought about. The squinting eye, not receiving any stimulus from use, gradually loses the seeing faculty and partial blindness is the result.

This loss of vision from disuse is more rapid in the very young than in older children. If a child begins to squint at the age of six months, and has good vision in each eye, the squinting eye, if neglected, will become blind in eight to ten weeks. If he does not begin to squint until he is eighteen months old the progress of the blindness will not be so rapid, but he will be blind in the squinting eye in five or six months.

If he does not begin to squint until the age of three years, he seldom loses the power of vision in less than a year thereafter. After the age of six years the danger is not so great, and the child may retain it to some extent. Every child who shows symptoms of squint should have early attention if sight is to be preserved or the deformity prevented.

THE PRICE OF RADIUM PREPARATIONS

Industrial journals report a marked reduction in the prices of radium preparations of late. The total production of radium bromid per year is between 2 and 3 gm. In 1911 the radium preparations produced by the Austrian Radiumpraeparatefabrik amounted to 14.1 gm., containing 2.647 gm. of pure radium chlorid, valued at $214,900.00. Early in the present year radium bromid sold at $105.00 per milligram in Germany. In July, however, sales were made in Vienna at about half that price. As a reason for this decrease is attributed the fact that mesothorium, as well as radiothorium, have begun to be employed in place of radium, especially in medicine. Mesothorium more active than radium can be obtained at a cost of only $32.00 per milligram. Although the

life of mesothorium is short, by mixing it with radium salts a long-lived preparation is said to be obtained.

Editorial Clippings.

PITUITARY EXTRACT IN OBSTETRICS.

While investigating the various organ extracts, it was determined very early in the experiments that pituitary extract had a number of positive actions, among which was a marked effect on the flow of urine, which was increased very materially. Later on, in the course of certain experiments with ergot, it was found that this same extract had a marked effect on uterine contraction. This was in 1906. Very soon experiments were conducted with the particular object in view of determining the extent of this action and its practical application in obstetrics. While a great deal has been written on the subject during the past few years, it appears that the discussion has been almost wholly confined to Europe until very recently. Likewise, the use of the drug in labor has been practically confined to European countries. Recently a number of very valuable articles have been written on the subject in this country and a number of manufacturers have put out the extract under various trade designations. All of which tends to increase the use of the drug and interest in the subject.

As in the case of all new therapeutic agents, there has been much undue enthusiasm and a good deal of unwarranted pessimism. Quite the most reasonable article on the subject we have seen appears in the September number of The Archives of Internal Medicine. It was written by F. C. Harrison, B. A., M. B., assistant in pharmacology, University of Toronto, and includes a complete bibliography. The following are the conclusions reached by the author:

"1. Pituitary is of great value in cases of weakness in uterine movements after the soft parts are well dilated. Failure in these cases is rare, probably less than 1 per cent. The later in labor, but before delivery, the more striking the effect. The danger to the child and mother is very slight.

"2. As an addition to some mechanical methods, e. g., the Champetier de ribes' bag, it is of great value in bringing on premature abortion. In the former case it may be sufficient in itself, but there is some risk of tetanus of the cervix, or of the uterus, especially when repeated injections are required.

"3. For delivery of the placenta its use is accompanied by the danger of tetanus uteri and retention.

"4. In post-partum hemorrhage a considerable percentage of failures may be expected."

Mr. Harrison has carefully compiled a total of at least 1,650 cases, from which he has largely drawn his conclusions. It occurs to us that the practical points to be remembered are, that this extract is useful mainly in increasing uterine action after labor is well under way and the parts sufficiently softened and dilated not to contribute to the likelihood of injury either to the mother or child; that it is useful as an adjunct to mechanical measures in emptying the uterus prematurely where such action is required; that it is not useful in post-partum hemorrhage or in delivering the placenta, and that its use is at all times fraught with more or less danger to the child. Of course, there are other dangers attending the use of this as well as other uterine stimulants, which we will not discuss at this time. It is important, we think, that the conclusion be not reached that in this remedy we have a cure for all the evils to which the obstetrician is heir.

The physiologic action of pituitary extract, as far as we need to consider it at this time, and we refer to that taken from the posterior lobe, which is the more powerful of the two and differing somewhat from the anterior lobe, is a constriction by direct muscular action of the peripheral vessels, resulting in an elevation of arterial pressure, increased flow of urine, intestinal peristalsis and lactation. The application of this effect in obstetrical work is clear. The drug has a direct action on unstriped muscle fibers. It is used hypodermically and it is important that the syringe used should not only be sterile, but free of alcohol, which is said to materially interfere with its effect. It seems that any general anesthetic will check its action. It is well to remember this in order to avoid interference, or have in mind an adequate control. The drug is to be used and not abused.—Texas State Medical Journal.

FRUIT DIET IN CARDIOVASCULAR AND RENAL DISORDERS.

According to The Paris Medical of August 9, 1913, H. Surmont asserts that a fruit diet is indicated in all forms of arteriosclerosis, including those with aortic disease—with or without anginal pains—with pulmonary edema, with myocardial weakness, and

with Bright's disease. Even in patients in whom the circulation is failing and who no longer respond to a milk diet and cardiotonic or diuretic drugs, the use of fruit may cause a surprising degree of improvement. The fruit to be employed may include all varieties available in the several seasons, and in most instances should be taken chiefly raw, with or without powdered sugar. The amount for an adult should be 1.05 kilogrammes of fresh fruits, together with 400 or 500 grammes of oily fruits such as almonds, walnuts and hazelnuts, or preserved fruits such as prunes, raisins, dates and figs. From three to five meals may be taken in a day. In patients already in a serious state, the fruit treatment should be preceded for one to three days by absolute rest in bed and the ingestion only of fifty grammes of water every half to one hour. After this the exclusive fruit diet should preferably be kept up for three to four weeks. In the obese and edematous, limitations to raw, fresh fruit may bring about a considerable decrease in weight, whereas in patients already reduced and weakened, special stress should be laid on the nuts and preserved fruits. When the patient tires of the diet, or the desired end has been attained, bread and butter should first be added, then a litre of milk and a couple of eggs, once and later twice a day. Such a combined diet can be continued for months without inconvenience. The fruit diet acts as a laxative, diuretic, and in particular, as an alkalinizer and a source of mineral substances previously often lacking. It is also nontoxic, avoiding the harmful effects of retained nitrogenous wastes in the classes of cases referred to. Sterile grape juice may be given to patients unable to digest raw fruits and subject to constipation because of taking preserved and dry fruits alone.—New York Medical Journal.

PELLAGRA.

On his recent visit to Columbia, S. C., Dr. Louis W. Sambon of London, England, professor in the London School of Tropical Medicine, outlined his ideas as to the etiology of pellagra. The following abstract gives the salient points of his address:

At the outset Dr. Sambon gave credit in a large measure to J. W. Babcock, M. D., and to J. J. Watson, M. D., of Columbia, for what he had come to know of pellagra. He said that he had not come to this country to lecture, but to learn.

Dr. Sambon came to the conclusion that pellagra is caused by the bite of the buffalo gnat, or black fly—by some incorrectly called the sand fly—by a study, he said, of the topographical distribution of the disease. He began his study of the disease by reading all the available literature that he could find touching upon it and was at first satisfied that it was a food disease and caused by spoilt corn or maize. Later he found that there was no foundation for the corn theory. Pellagrins were found that had never eaten corn in any form.

He began, therefore, to study the distribution of the disease. He found that the Italians were convinced that corn was the cause of the disease and were trying to adapt the cases to the theory rather than arrive at a conclusion by means of the cases observed. It was very significant, Dr. Sambon thought, that none explained how maize caused pellagra.

"Seeing this, I thought I would return to the pellagrin," said Dr. Sambon. "So I went into the field and made maps, and I soon discovered that the disease was to be found chiefly along streams, and even along the streams there were peculiar conditions to be considered."

The lecturer said that he found that the disease was by no means limited to any age, but he had seen a child as young as three months with a case of pellagra and on the other hand a woman of 104 years suffering from the disease. The woman had had pellagra all her life.

Referring to the sex incidence of the disease, Dr. Sambon said that he had found prevalence among women the general rule. To him, he said, it was simply a question of exposure. The prevalence among women could be explained in Italy, he pointed out, by the fact that the Italian women of the poorer laboring class, among which the disease is for the most part found, spend much of their time washing clothes in the streams of the country.

In Sicily, said Dr. Sambon, where maize is not eaten, cases of pellagra were called pseudo-pellagra because they could not be explained by the corn theory. The Spaniards, according to Dr. Sambon, did not attribute the disease to corn. He said that up to the time of his coming to this country fifty-three cases of pellagra had been discovered in England, and that none of these

pellagrins had had corn or any food adulterated with corn. How was it possible to explain the recurrence of the disease in patients who had not been given corn?

Pellagra cannot be transmitted from one person to another, according to Dr. Sambon. He told of having an Italian girl pellagrin, an orphan, as a nurse for his children. The most intimate contact failed, he said, to convey the disease from one person to another. The disease must be caused, he said, by something latent in the body, something that could remain in the body for years. There must be an agent to spread the disease, he argued. What biting insect could cause pellagra?

Pellagrins themselves, Dr. Sambon found, attributed the disease to the bite of a fly. In which connection Dr. Sambon remarked that he did not think that the stable fly carried pellagra. "I may be wrong, however," he said.

Dr. Sambon, among other things, pointed to the existence of pellagra on a small island off the coast of Italy. Here, said the physician, the disease was found among the men only, with but two exceptions. Investigation proved that the pellagra was limited to the fishermen who in the spring of the year went to fish along the mainland with its streams and were there bitten by the buffalo gnat. The two exceptions were women, who went to the mainland to work in the fields.

Dr. Sambon said that the disease was not hereditary. He said that he had been surprised to learn that the disease was found in this country in towns and cities and was found only in the country in Europe, except where pellagrins had moved. Arriving here, he said he had found this to be explained by the fact that the streams here run through the towns and cities.

Dr. Sambon had nothing but praise for the work of the Thompson-McFadden commission in Spartansburg County, South Carolina. The commission is doing the right thing, he said, in gathering all possible data. —The Lancet-Clinic.

Personals and News Items.

Dr. C. S. Pettus has returned from El Dorado.

Dr. J. B. Dooley succeeds Dr. Verne Stover as superintendent of the City Hospital at Little Rock.

Dr. A. W. Rye of London recently visited Little Rock.

Dr. Harvey J. Hall of Higden recently visited Little Rock and Hot Springs.

Dr. F. Vinsonhaler of Little Rock attended the recent meeting of the American Academy of Ophthalmology at Chattanooga.

Dr. J. W. Nichols has moved from Readland, Chicot County, to Helena.

Dr. and Mrs. J. K. Bell of Benton announce the engagement and approaching marriage of their daughter, Fay, to Dr. Robert Lee Saxon of Little Rock, the wedding to take place at the home of the bride's parents November 25.

After spending several months in New York City, Dr. H. H. Rightor of Helena will sail soon for Vienna, where he will continue his studies on the diseases of the eye, ear, nose and throat.

Dr. H. F. Villars of Little Rock has moved his office from 110 South Chester street to 118 West Capitol avenue.

Dr. E. N. Allen, general surgeon, Chicago, Rock Island and Pacific Railroad, McAlester, Okla., has moved to Little Rock and will occupy office with Dr. J. P. Runyan, fifth floor, State Bank building.

DR. SNODGRASS TAKES OVER THE P. & S. HOSPITAL.

Dr. W. A. Snodgrass is to be commended for his enterprise, and still more are the physicians of this state and their patients to be congratulated, on the recent acquisition by him of the Physicians' and Surgeons' Hospital. The hospital was established in 1906 by the late Dr. W. P. Illing. It is not only one of the largest and best equipped hospitals in the state, but it is ideally located, high and dry, on the highest part of Lincoln avenue, where the cool breezes blow in midsummer. The grounds are spacious and well kept, affording fine facilities for exercise to the convalescing patients. There are wide piazzas in which the invalid may take the air when not bedridden, and there is a magnificent view of the Arkansas River, of Fort Logan H. Roots and the beautiful panorama of hills and forest beyond.

Dr. Snodgrass is refurnishing every department with new material. The operating rooms are large, well lighted and have the most modern scientific equipment. A new feature will be the establishment of a modern obstetrical department. A corps of train-

ed assistants will be on hand to assist in all operations. There are forty-two large rooms in addition to the obstetrical department, and they will be open to the patients of all reputable physicians, except that cases of contagious diseases will not be accepted. Surgical as well as medical patients will be taken and the charges will be just and equitable according to the service rendered.

The Journal not only wishes Dr. Snodgrass the greatest measure of success, but is sure he will attain it and that the hospital under his management will be of vast benefit to the city and state. Dr. Snodgrass is no novice in hospital management, having been engaged in such work for many years. Dr. C. L. Hale, late of Chicago, will be the resident physician.

DR. VERNE STOVER GOES TO CHINA.

Dr. Verne Stover, superintendent of the City Hospital for the last two years, since the promotion of Dr. Judd, has resigned and will sail November 29 for Hong Kong, China, thence go overland to Anking, where he is to become medical director of St. James Hospital.

Dr. Stover is a young physician of promise, who has made rapid and substantial progress in his profession since his graduation a few years ago. His experience at the City Hospital has been invaluable to him and has helped to prepare him for the more responsible position he is now called on to fill. The St. James Hospital at Anking is a large and strictly modern institution, conducted along thoroughly scientific lines.

Dr. Stover carries with him the good wishes of The Journal and all his Arkansas friends in and out of the profession.

HEALTH PROGRESS IN ARKANSAS.

Following the proposition for a health car in Arkansas, the teaching of hygiene in the schools and the impetus given to the education of the masses in health preservation, disease prevention, sanitation, mosquito and fly extermination, comes a novel proposition from Heber Springs, where Dr. Cyrus T. Crosby plans a "health school." He will build a two-story building for the purpose, which he expects will be completed next spring. He proposes to give instruction not only in regard to physical health, but to the development of the mind and morals. In other words, he favors the famous formula "a healthy mind in a healthy body." Such a movement can only be looked upon with hearty approval by physicians, educators, the ministry and all who, regardless of religious views, have the welfare of the race at heart. This state could use some more Dr. Crosby's.

RAILWAY SURGEONS MEET.

The second annual meeting of the Arkansas Association of the St. Louis, Iron Mountain and Southern Railway Company Physicians met in Little Rock October 21-22.

The election of officers for the next year resulted as follows:

President—Dr. Charles S. Holt, Fort Smith.

Vice President—Dr. John S. Easterling, Judsonia.

Secretary and Treasurer—Dr. W. F. Smith, Little Rock.

An interesting program was presented.

The organization purposes to raise the standard of efficiency and effect a closer relation among the railroad surgeons to the end that the railroad and its employes may receive from the hospital department the best possible service.

UNITED STATES CIVIL SERVICE EXAMINATION.

Chief Mine Surgeon (Male).

December 8, 1913.

The United States Civil Service Commission announces an open competitive examination for chief mine surgeon, for men only. From the register of eligibles resulting from this examination certification will be made to fill a vacancy in this position in the Bureau of Mines, Pittsburgh, Pa., at a salary ranging from $2,400.00 to $3,000.00 per annum, and vacancies as they may occur in positions requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

The duties of the person appointed to fill this position will be to investigate and report upon health conditions in mines and at mining towns, to outline and direct methods of first aid instruction to miners, to attend mind disasters, and to direct and make pathological and physiological studies concerning the effect upon the human system of poisonous gases, death by shock at mines, and similar subjects.

Competitors will not be assembled for examination, but will be rated on the following subjects, which will have the relative weights indicated:

Subjects.	Weights.
1. General education and medical training	20
2. Experience as surgeon and physician to industrial workers	30
3. Post-graduate laboratory and hospital experience on pathological or physiological investigations	30
4. Publications or thesis on surgery and sanitation	20
Total	100

Graduation from a medical college of recognized standing and not less than three years' hospital experience among industrial workers are prerequisites for consideration for this position. Special credit will be given under subject 2 for experience in rendering or directing first aid to the injured and in the study of industrial occupational diseases.

Statements as to training, experience and fitness are accepted subject to verification.

Applicants must not have reached their fortieth birthday on the date of the examination.

This examination is open to all men who are citizens of the United States and who meet the requirements.

Persons who meet the requirements and desire this examination should at once apply for Form 304, and special form, to the United States Civil Service Commission, Washington, D. C. No application will be accepted unless properly executed and filed, in complete form, with the commission at Washington prior to the hour of closing business on December 8, 1913. In applying for this examination the exact title as given at the head of this announcement should be used.

Issued October 29, 1913.

Syphilo-Dermo Urologic Maxims.

(From the Urologic and Cutaneous Review.)

A microscope is a very necessary adjunct to the treatment of gonorrhea.

The iodine treatment of gonorrhea in the female has proven highly effective.

Many authorities see in excision of the chancre a highly beneficial practice.

Relapses following the employment of Salvarsan indicate insufficient treatment.

Not all cases of erythema induratum have a tuberculosis basis, for there appear to be two types of the disease.

No examination of the urine disclosing pus or blood cells should be considered complete until their origin is determined.

Do not overlook citrate of potash in a colon bacilluria which proves refractory to vaccines and the usually employed drugs.

Salvarsan must not be given recklessly and without rule. A full course of four or five injections should be administered.

A cultural test of gonococcal infection is the only one not open to doubt. All Gram-negative diplococci are not gonococci.

Some maintain that the complement fixation test for gonorrhea is specific and that a positive reaction signifies a hidden focus of infection somewhere.

It is believed that marked differences exist between different gonoccal strains. The practical point involved, of course, is the choice of a vaccine. It would seem that stock vaccines are inferior to autogenous ones.

Before making an incision to evacuate a prostatic abscess, try to express its contents by gentle manipulation per rectum.

A close resemblance to urethral calculi is offered by an inflamed appendix lying largely or entirely behind the peritoneum, or one that has a short mesoappendix.

Bathing with very hot water to which a little cyllin (creolin) is added, will afford temporary relief in cases of severe pruritus ani and the patient may thereby be secured a good night.

A differential diagnostic point between appendicitis and ureteral calculus, as described by Crile, is an increase in pain in the former manifested by the deep pressure at four-hour intervals.

In view of the discouragingly large percentage of recurrences following removal of malignant kidneys, one should be as thorough and painstaking as possible. Work through a large incision.

Never neglect the internal treatment of a case of eczema. In protracted cases every system of the body should be thoroughly

overhauled in order to detect any error in function or any coexisting organic disease.

Whilst pelvic irrigations should be employed in all cases of pyelitis which are rebellious to the usual mode of treatment, yet it will be found that as a rule it is only a gonorrheal pyelitis that responds favorably to this plan of treatment.

The still continued practice of giving diuretics in "kidney disease" without any idea whatever of the character or grade of lesion is a relic of the medicine of other days. Those who understand renal disease best are least prone to give diuretics.

Minutes of the Eighth Annual Meeting of the Medical Association of the Southwest.

Held at Kansas City, Mo., Oct. 7-8, 1913.

Coates Hotel, Oct. 6, 8 p. m.

Meeting of the Executive Committee with the following present: Drs. W. T. Wootton, S. S. Glasscock, C. C. Nesselrode, S. G. Burnett, J. B. Griffith, C. W. Fassett, D. A. Myers, J. N. Scott, E. G. Mark and Fred H. Clark.

All meetings were held in the Coates Hotel.

On Tuesday evening at the close of the evening session visiting members were given a smoker and vaudeville entertainment. The visiting ladies were entertained with a luncheon at Wolferman's tea room at 12:30 Tuesday, after which they enjoyed an auto ride over the city and in the evening they attended a theater party at the Schubert Theater.

The report of the secretary-treasurer was referred to the Auditing Committee, composed of Drs. W. A. Myers, S. S. Glasscock and S. G. Burnett.

The question of adopting an official journal elicited a prolonged general discussion.

TUESDAY, OCTOBER 7, 1913.

Promptly called to order at 9:30 a. m. After announcements by Committee on Arrangements, the president, Dr. W. T. Wootton, was introduced.

A motion for reading of minutes was dispensed with and ordered to stand approved as published.

The president's subject, "Lest We Forget," was full of timely counsel and valuable suggestions.

Dr. Alfred Schalek of Omaha contributed a paper on "Syphilis," in which he pointed out that if we are ever to be rid of this dread disease we must do more to educate the public as to the necessity of care in preventing its spread and that "sex hygiene" must be generally taught in our schools.

The president announced that Dr. E. P. Rosenow of Chicago would take the place of Dr. Witherspoon, who was unable to attend. His subject was of "Endocarditis and Rheumatism," illustrated with slides.

Dr. E. S. Lain presented a paper on "Therapeutic Uses of the X-ray," giving his wide experience in the treatment of skin diseases, especially carcinoma, acne and lupus.

Dr. J. E. Thompson of Galveston, Tex., read a paper on "The Open Operation in the Treatment of Irreducable Dislocations of the Shoulder," illustrated by slides showing the various dislocations and the best method of treatment.

Nominating Committee was announced as below:

Texas—C. S. Venable, J. E. Dodson, J. E. Thompson.

Missouri—Frank C. Neff, J. D. Griffith, J. W. Smith, J. D. Kernodle, H. O. Leonard.

Kansas—J. E. Sawtell, M. F. Perry, J. D. Riddell, H. B. Caffey, T. A. Jones.

Arkansas—J. L. Smiley, F. B. Young, C. H. Cargile, Walter Dake, E. H. Martin.

Oklahoma—J. H. Scott, E. S. Lain, Ross Grosshart, F. B. Erwin, J. C. Watkins.

In the Section on Medicine papers were presented by Dr. M. L. Perry of Parsons, Kan., former president of the association, on "A Study of Epilepsy Based on One Thousand Admissions to the Kansas State Hospital for Epileptics;" "The Abnormal Mind from the Psychological Viewpoint," by Dr. F. B. Erwin of Norman, Okla.; "Hookworm in the Central States," by Dr. E. D. Holland of Hot Springs, Ark., and "Vicious Medication of the Anterior Urethra," by Dr. Thos. M. Paul of St. Joseph, Mo.

In the Section on Surgery papers were read by Drs. J. B. Taulbee of St. Joseph, Mo., on "Drainage;" F. W. Shelton of Independence, Kan., on "Post-Operative Gastric Dilatation;" Albert Smith of Parsons, Kan., on "Early Supra-pubic Prostatectomy in the Aged."

On Tuesday evening the general meeting was addressed by Dr. E. P. Rosenow of Chicago. Subject, "Endocarditis and Rheumatism," illustrated with slides and proving conclusively that rheumatism and endocarditis were due to a specific organism which he had isolated and transplanted to other animals.

A banquet and vaudeville entertainment closed the session.

On Wednesday morning reports of special committees were presented. Committee on "Relation to the A. M. A." recommended that there be no further effort to secure the recognition as an affiliated branch of the A. M. A. Adopted.

The secretary-treasurer presented financial report, which was accepted.

The Executive Committee recommended that there be no official Journal nor bound volume of the proceedings for the coming year; that a vote of thanks be tendered the editors of The Medical Herald for loyal support during the year; that the secretary be authorized to procure some representative to attend the next State Association meeting. Adopted.

The Nominating Committee proposed following officers for the coming year:

President—S. S. Glasscock, Kansas City, Kan.

Vice Presidents—J. D. Griffith, Kansas City, Mo.; J. D. Dodson, Vernon, Tex.; D. A. Myers, Lawton, Okla.; L. R. Ellis, Hot Springs, Ark.

Secretary-Treasurer — F. H. Clark, El Reno, Okla.

Executive Committee—One year to fill vacancy, J. W. Duke, Guthrie, Okla.; for three years, M. F. Jarrett, Fort Scott, Kan.; A. L. Blesh, Oklahoma City, Okla.; T. M. Paul, St. Joseph, Mo.; J. E. Thompson, Galveston, Tex.; St. Cloud Cooper, Fort Smith, Ark.

Seconded and carried and officers declared elected.

A vote of thanks be extended the profession of Kansas City; to the Coates House and the press.

Fifty-one new members were elected.

After a brief acknowledgment by the president-elect of the honor conferred, the scientific program was resumed and a paper on "Tamponade" was read by Dr. Frances Harper of Pittsburg, Kan.; a symposium on "Constipation," by Drs. A. L. Blesh of Oklahoma City and W. J. Frick of Kansas City, Mo.; "Surgery of Jackson's (Jonneco's) Membrane," by Dr. John B. Summers of Omaha.

Morning session closed with an illustrated paper by Dr. Joseph C. Beck on "Oto-Rhino-Parynology," lantern slides.

WEDNESDAY AFTERNOON.

Dr. Archibald Church of Chicago delivered an address on "Decompressive Operations," in which the importance of the opthalmascope and percussion on the skull were emphasized.

Dr. T. A. Jones of Liberal, Kan., demonstrated with slides a new intestinal parasite.

In the Section on Medicine the following papers were read:

Dr. H. M. McClanahan of Omaha, Neb., read a paper on "Acute Nephritis in Children;" Dr. Martin H. Fischer of Cincinnati, "The Principles of Treatment in Nephritis;" Dr. W. S. Gregory of St. Joseph, Mo., "Immunity with Special Reference to Tuberculosis."

Officers elected for the coming year:

Chairman—E. S. Lain, Oklahoma City.

Vice Chairman—M. L. Perry, Parsons, Kan.

Secretary—T. A. Jones, Liberal, Kan.

In the afternoon session of the Section on Surgery the following papers were presented:

Dr. H. S. Crossen of St. Louis, "The High Incision for Caesarean Section" (illustrated); Dr. L. H. Huffman of Hobart, Okla., on "Amputations for Diabetic Gangrene;" Dr. J. E. Gilcreest of Gainesville, Tex., "Cancer of the Uterus;" Dr. M. K. Lindsay of Topeka, Kan., "Technique in Preparation of Patient and Operating Room;" Dr. C. S. Venable of San Antonio, Tex., "The Use of Pig Skin in Extensive Skin Grafts" (illustrated); Dr. S. N. Mayberry of Enid, Okla., "Goitre;" Dr. Frank G. Nifong, Columbia, Mo., "Intussusseption of the Bowels in Infants;" Dr. R. V. Smith of Guthrie, Okla., "Acute Suppurative Osteomyelitis;" Dr. F. H. Clark of El Reno, Okla., "Gastric and Duodenal Ulcer:" Dr. E. E. Rice of Shawnee, Okla., on "Pyosalpinx," and Dr. J. T. Axtell of Newton, Kan., on "Prolapse of the Uterus and Bladder."

Officers for the ensuing year:

Chairman—Dr. C. H. Cargile, Bentonville, Ark.

Vice Chairman—Dr. J. T. Axtell, Newton, Kan.

Secretary—Dr. C. S. Venable, San Antonio, Tex.

In the Section on Eye, Ear, Nose and Throat the following papers were presented:

Dr. J. Ellis Jennings of St. Louis, Mo., "The Complete Removal of the Tonsil in Its Capsule, with Exhibition of a New Mouth Gag and Tonsillitome;" Dr. C. L. Williams, Topeka, Kan., "Tumor of the Naso-Pharynx, Operation and Result;" Dr. E. M. Seydell of Wichita, Kan., "The Pathology of the Voice;" Dr. T. L. Higginbotham, Liberal, Kan., "Surgical Treatment of Tonsillitis;" Dr. Hugh B. Caffey, Pittsburg, Kan., "Pseudomembranous Agina of the Nose and Throat;" Dr. J. H. Barnes, Enid, Okla., on "Hemorrhage in the Optic Nerve Sheath;" Dr. W. E. Dixon, Oklahoma City, "The Tonsil with Especial Reference to the Ballinger-Sluder Operation."

Officers for the coming year:

Chairman—J. S. Litchenburg, Kansas City, Mo.

Vice Chairman—C. L. Williams, Topeka, Kan.

Secretary—J. H. Barnes, Enid, Okla.

Attending the meeting were 224, of which 60 were from Kansas City.

Next meeting to be at Galveston, Tex.

Married.

Harris-Lafferty.—In Little Rock, on Tuesday, November 4, Dr. A. Everett Harris and Miss Emma Pendleton Lafferty.

Died.

Dr. John B. Grammer Dies—Was Pioneer Physician and Business Man of Searcy.

Searcy, October 12.—Dr. John B. Grammer, aged 51, for more than twenty-five years a practicing physician of White County, died at his home here this afternoon at 4:30, after an illness of two days of neuralgia of the heart. In addition to being one of the most widely known physicians of this section, Dr. Grammer was active in local religious circles and business affairs. He was a steward of the Methodist Church, president of the Searcy Commercial Club, vice president of the Bank of Searcy, and a stockholder in the Searcy Sanatorium. He is survived by his wife and one daughter, Miss Clarice. Funeral services will be held at his home tomorrow afternoon by the Dr. C. C. Godden and the Rev. R. C. Morehead.—Gazette.

County Societies.

CARROLL COUNTY.

Berryville.—The Carroll County Medical Society held its quarterly meeting October 23 in this city. Several subjects of general interest were discussed.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Sec'y.)

Pine Bluff.—The Jefferson County Medical Society met in regular session in this city, November 4. Members present: Drs. Breathwit, Blankenship, Lowe, Luck, Stewart, Williams, Woodul and Palmer.

Quite a few cases were reported, and Dr. W. T. Lowe read a good paper on "Quarantine and Isolation."

Dr. O. G. Blackwell resigned from the society in August and the resignation was accepted at our meeting on the 2d of September.

Book Reviews.

Modern Ophthalmology.—A practical treatise on the anatomy, physiology and diseases of the eye. By James Moore Ball, M. D., LL. D., dean and professor of ophthalmology, the American Medical College of St. Louis (Medical Department of National University of Arts and Sciences, St. Louis, Mo. Third edition, revised and enlarged; 911 pages, 445 illustrations in the text and numerous figures on 24 colored plates. Published by F. A. Davis Company, Philadelphia, Pa., 1913. Price, $7.50 net.

The author has accomplished his purpose in writing a book that would be useful to and easily understood by the practical physician.

The first few chapters describe the development of the eye—anatomy of the eye, physiology of vision, and examination of the eye.

In the study of "Refraction" the author has thought it advisable to preface the subject with two new chapters, one dealing with "Elementary Optics" and the other with "Normal Ocular Refraction."

In the chapter on "Refraction" the author has made free use of much of the material which Dr. John T. Krall of Philadelphia prepared for former editions.

The book closes with an interesting chapter on "Notes on Ocular Therapeutics."

Progressive Medicine.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare and Lighton F. Apperson, Philadelphia, September 1, 1913. Volume XV, No. 3. Published by Lea & Febiger, Philadelphia, $6.00 per annum.

Contents:

Diseases of the thorax and its viscera, including the heart, lungs and blood vessels, by William Ewart, M. D., F. R. C. P.

Dermatology and Syphilis, by William S. Gottheil, M. D.

Obstetrics, by Edward P. Davis, M. D.

Diseases of the Nervous System, by William G. Spiller, M. D.

Of unusual interest to us in this issue is the splendid article on "Para-psoriasis; Its Relation to Psoriasis, Eczema and Seborrhea." The writer excludes the typical cases of this disease and describes in a clear manner the class of chronic scaly erythodermias that show some resemblance to psoriasis, to eczema, and to seborrhea eczema, or to all of them, and that yet has distinctive features of its own that separates it from the better known affections.

Bulletin of the State Board of Health of Kentucky.—Edited and published by the Board of Health, Dr. J. N. McCormack, secretary.

This bound volume of 609 pages contains the Biennial Report, 1910 and 1911, and merits special comment and congratulations.

Medical and Surgical Reports of the Protestant Episcopal Church in Philadelphia.—Edited by Astley P. C. Ashhurst, M. D. Vol. I. Press of Wm. J. Dorham, 1913.

This book, containing 402 pages, is made up of papers based on work done in the Episcopal Hospital during 1912.

A number of illustrations of the hospital are shown, and in all making a very interesting and instructive book.

A Clinical Manual of Mental Diseases.—By Francis R. Dercum, M. D., Ph. D., professor of nervous and mental diseases, Jefferson Medical College, Philadelphia. Octavo of 425 pages. W. B. Saunders Company, Philadelphia, 1913. Cloth, $3.00 net.

This book is based upon the annual course of lectures delivered by Dr. Dercum at the Jefferson Medical College.

The subject is presented in a simple yet thorough manner for the student and general practitioner, the family physician who sees the patient first, and who should be sufficiently informed to be able to recognize mental diseases in their early stages.

The Elements of Bacteriological Technique.—By J. W. H. Eyre, M. D., director of the Bacteriological Department of Guy's Hospital, London. Second edition, rewritten and enlarged. Octavo of 518 pages, with 219 illustrations. W. B. Saunders Company, Philadelphia, 1913. Cloth, $3.00 net.

While the technic of bacteriology can only be taught by practical instruction in the laboratory, this book will prove of exceptional value to physicians to remind them of forgotten details in methods already acquired.

Chapter V describes microscopical examination of bacteria and other micro-fungi. Apparatus and reagents used in ordinary microscopical examination, methods of examination, etc.

Malaria, Etiology, Pathology, Diagnosis, Prophylaxis and Treatment—By Graham E. Henson, M. D., Jacksonville, Fla. With an introduction by Charles C. Bass, M. D., New Orleans. Twenty-seven illustrations. Published by C. V. Mosby Company, St. Louis, 1913. Price, $2.50.

The author of this book presents the subject in a very practical manner.

In the second, third and fourth chapters he describes the etiology, the malarial parasites, the malarial-carrying mosquitoes and predisposing factors. In Chapters VI and IX will be found many valuable suggestions on the early recognition and proper treatment of the disease.

International Clinics.—Volume III, twenty-third series, 1913. A quarterly of illustrated clinical lectures and especially prepared original articles on medicine, surgery and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Published by J. B. Lippincott Company, Philadelphia. Price, $2.00.

Among the many interesting articles in this issue are:

"The Prophylaxis and Treatment of Malarial Infections," by Charles F. Craig, M. D., Washington, D. C.

"Remarks on a Clinical Study of Uncinariasis and Its Treatment," by Bailey K. Ashford, M. D., Major Medical Corps, U. S. Army.

"Treatment of Pneumonia," by Norman B. Gwyn, M. B., Philadelphia.

"Gastro-Intestinal Toxemia, Its Cause and Treatment, with a Criticism of Intestinal Stasis" (Lane), by Peter Daniel, F. R. C. S., (England).

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OFFICERS OF THE ARKANSAS MEDICAL SOCIETY, 1913-1914.

Next Annual Session, El Dorado, May, 1914.

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Dermatology and Syphilology—Chairman, J. H. Chesnutt, Hot Springs; secretary, J. M. Proctor, Hot Springs.

Diseases of Children—Chairman, N. E. Murphy, Clarendon; seeretary, A. R. Hederick, Booneville.

Councilor Districts and Councilors, 1913-1914.

First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, M. C. Hughey, Rector. Term of office expires 1915.

Second Councilor District—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, L. E. Willis, Newport. Term of office expires 1914.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, T. B. Bradford, Cottou Plant. Term of office expires 1915.

Fourth Councilor District—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor, E. E. Barlow, Dermott. Term of office expires 1914.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union counties. Councilor, J. S. Rinehart, Camden. Term of office expires 1915.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, C. A. Archer, De Queen. Term of office expires 1914.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant counties. Councilor, J. F. Rowland, Hot Springs. Term of office expires 1915.

Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope counties. Councilor. W. A. Snodgrass, chairman, Little Rock. Term of office expires 1914.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, A. M. Hathcock, Harrison. Term of office expires 1915.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington counties. Councilor, J. T. Clegg, Siloam Springs. Term of office expires 1914.

Delegates to American Medical Association—Morgan Smith, Little Rock; W. V. Laws, Hot Springs.

Alternate—Carle E. Bentley, Little Rock.

MEDICAL BOARDS.

MEMBERS OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY.

M. Fink, Helena.
T. J. Stout, Brinkley.
E. F. Ellis, Fayetteville.
F. T. Isbell, Horatio.
G. S. Brown, Conway.
W. S. Stewart, Pine Bluff.
J. C. Wallis, Arkadelpaia.

MEMBERS OF THE ARKANSAS STATE BOARD OF HEALTH.

F. B. Young, President, Springdale.
B. A. Fletcher, Augusta.
G. A. Warren, Black Rock.
W. P. Parks, Mena.
S. A. Southall, Lonoke.
L. A. Buckner, Dermott.
Morgan Smith, Health Officer, Little Rock.
C. W. Garrison, Assistant Health Officer, Little Rock.

PRESIDENTS AND SECRETARIES OF COUNTY MEDICAL SOCIETIES.

County	President	Address	Secretary	Address
Arkansas	Boswell, W. H.	Almyra	Winkler, E. H.	DeWitt
Ashley	Knott, A. D.	Wilmot	Cone, A. E.	Portland
Baxter	Hipp, J. A.	Mountain Home	Morrow, J. J.	Mountain Home
Benton	Fergus, J. A.	Rogers	Henry, R. T.	Bentonville
Boone	Callen, L. H.	Bellefonte	Kirby, F. B.	Harrison
Bradley	Martin, C. N.	Warren	Green, B. H.	Warren
Calhoun	Jones, E. T.	Hampton	Black, C. T.	Thornton
Carroll	Poynor, J. W.	Osage	Huntington, R. H.	Eureka Springs
Chicot	Norton, M. M.	Lake Village	McGehee, E. P.	Lake Village
Clark	Moore, W. M.	Arkadelphia	Roland, W. T.	Arkadelphia
Clay	Waddle, M. V. B.	Success	Latimer, N. J.	Corning
Cleburne	Richardson, F. G.	Heber Springs	Ruff, Horace E.	Heber Springs
Cleveland	Hartsell, W. L.	Draughon	Hughes, A. A.	Kingsland
Columbia	Stevenson, W. A.	Magnolia	Stevens, C. D.	Magnolia
Conway	Clark, C. D.	Morrilton	Ringgold, G. W.	Morrilton
Craighead	Lutterloh, P. W.	Jonesboro	Willett, R. H.	Jonesboro
Crittenden	Hicks, W. P.	Earle	Blue, W. R.	Parkin
Cross	Longest, R.	Wynne	Stewart, T. J.	Wynne
Dallas	Atkinson, H. H.	Fordyce	March, C. J.	Fordyce
Desha	Smith, H. T.	McGehee	Price, C. C.	Dumas
Drew	Carrigan, M. B.	Monticello	Cotham, E. R.	Monticello
Faulkner	Westerfield, J. S.	Conway	McCullum, I. N.	Conway
Franklin	Wear, W. M.	Etna	Douglass, Thos.	Ozark
Fulton	Culp, C. W.	Mammoth Spring	Weathers, J. L.	Salem
Garland—Hot Springs	Steer, S. L.	Hot Springs	Mount, M. F.	Hot Springs
Grant	Shaw, J. B.	Sheridan	Wallin, L.	Sheridan
Greene	Bradsher, R. E.	Marmaduke	Wilson, Olive	Paragould
Hempstead	Weaver, J. S.	Hope	Russell, M. V.	Hope
Hot Spring	Bramlett, E. T.	Malvern	Phillips, R. Y.	Malvern
Howard			Dildy, E. V.	Nashville
Independence	Evans, L. T.	Barren Fork	Johnston, O. J. T.	Batesville
Izard	Baxter, E. A.	Melbourne	Dillard, Wm.	Zion
Jackson	Graham, J. S.	Tuckerman	Erwin, I. H.	Newport
Jefferson	Luck, B. D.	Pine Bluff	Palmer, J. T.	Pine Bluff
Johnson	Cook, L. A.	Knoxville	Hunt, Earle H.	Clarksville
Lafayette	Bright, D. W.	Lewisville	Youmans, F. W.	Lewisville
Lawrence	Thomas, Earl	Hoxie	Stidman, J. H.	Walnut Ridge
Lee	Russworm, S. C.	LeGrange	Bean, W. B.	Marianna
Lincoln	Watt, J. R.	Tyro	Tarver, B. F.	Star City
Little River	Phillips, P. H.	Ashdown	Vaughan, W. E.	Richmond
Logan	Armstrong, N. E.	Booneville	Hederick, A. R.	Booneville
Lonoke	Ward, O. D.	England	England, Jno. F.	England
Madison	Moore, W. A.	Hindsville	Berry, F. O.	Hindsville
Marion	Elam, G. F.	Eros	Weast, L. M.	Yellville
Miller	Lee, A. G.	Texarkana	Kosminsky, L. J.	Texarkana
Mississippi	Crawford, H. F.	Wilson	Brewer, Thos. G.	Osceola
Monroe	Stout, T. J.	Brinkley	McKnight, E. D.	Brinkley
Montgomery	Robbins, J. D.	Oden	Kennedy, L. S.	Mount Ida
Nevada	Rice, W. W.	Prescott	Buchanan, A. S.	Prescott
Ouachita	Meek, J. W.	Camden	Early, C. S.	Camden
Perry	Howard, M. E.	Perryville	Jones, R. A.	Houston
Phillips	Thompson, H. M.	Marvell	Altman, C. G.	Helena
Pike	Slaughter, N. J.	Delight	McClure, R. O.	Glenwood
Polk	Watkins, P. R.	Mena	Parks, W. P.	Mena
Poinsett	Davis, J. C.	Harrisburg	Yarbrough, R. E.	Harrisburg
Pope	Hayes, J. F.	Russellville	Drummond, H. S.	Russellville
Pulaski	Caldwell, Robert	Little Rock	Dooley, J. B.	Little Rock
Prairie	Robinson, F. C.	Hazen	Parker, James	DeVall's Bluff
Randolph	Throgmorton, H. L.	Pocahontas	Black, G. M.	Pocahontas
Saline	Kelley, Warren	Benton	Crawford, J. B.	Benton
Sebastian	Wood, Clark	Fort Smith	Dorente, D. R.	Fort Smith
Searcy	Smith, Ira	Leslie	Hollabaugh, C. B.	Leslie
Sevier	Wisdom, W. E.	DeQueen	Kitchens, Chas. E.	DeQueen
St. Francis	Reynolds, J. C.	Colt	Pelton, D. A.	Forrest City
Union	Murphy, G. W.	Strong	McGraw, S. I.	El Dorado
Washington	Ellis, E. F.	Fayetteville	Towler, H. D.	Fayetteville
White	Barker, E. R.	Center Hill	Majors, I. R.	Searcy
Woodruff	Smith, R. N.	Augusta	Biles, L. E.	Augusta
Yell	Cowger, Robert	Danville	Linzy, J. R.	Dardanelle

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Original Articles.

MEMORIAL SERVICES—THIRTY-SEVENTH ANNUAL SESSION OF THE ARKANSAS MEDICAL SOCIETY.*

After music by the choir the pastor, Rev. Henry N. Hyde, read a selection from Scripture, John 14:1-4:

> *"Let not your heart be troubled; ye believe in God; believe also in me. In my Father's house are many mansions; if it were not so, I would have told you. I go to prepare a place for you. And if I go and prepare a place for you, I will come again and receive you unto myself; that where I am, there ye may be also. And whither I go you know, and the way you know."*

After prayer and benediction the choir sang "Lead, Kindly Light."

Pastor: In the name of the Christian workers whose custom it is to worship here, I bid you welcome. I wish to say that we of this church are particularly interested in this meeting which you are to hold here tonight beneath our roof. You have assembled to pay honor and bear testimony of your love to the memory of three of your fellow-workers—to three of your brethren who have been called to their eternal rest during the year which has passed. One of those fellow-workers of yours was very dear to us, the man, the physician and the friend, who won the love of many hearts and the admiration of many minds, and the allegiance of many souls, during a long, self-sacrificing life, ministering to the sick here in our city of Little Rock. It does not become me to dwell upon his memory at this time, because one of your own number has been appointed to that duty; but it seems to me very fitting that this meeting—this memorial service—should be held in a house of worship. It seems very fitting that a body of physicians should gather for such a purpose, or for well nigh any purpose, in the Lord's house. If there be any class of men who are really doing the Lord's work among the human race, even as ordained ministers of Christ's gospel are doing, it is those men who are numbered among the ranks of the physicians. One of the dearest names which we give to our Savior is the name "The Great Physician," the Healer of souls.

I bid you welcome here, and I bear not only my own testimony, but the testimony of many of my people who knew and loved most deeply one of those whom you commemorate tonight, that we hold in highest respect and honor that noble profession in which his talents were so nobly exercised. We enter with you, sympathetically and appreciatively, into this loving memorial service, so fitly held by the Arkansas Medical Society, in which he was enrolled and of which you all are members.

It is in order now that I should relinquish the place which I am occupying, and I will call our brother, Dr. Mann of Texarkana, to preside over this meeting during the remainder of the session.

Dr. Mann (Texarkana)—Ladies and Gentlemen and Fellow-Physicians: The members of your committee regret exceedingly that no announcement of this memorial service appeared in the daily press. The appointment of the committee to conduct this memorial service was not made until about two weeks ago, and for that reason the time has been too short to prepare a program, which we think should have been prepared for our departed friends.

A few years ago when I was visiting London and looking over the British museum, I

*May 21, 1913, Christ Church, Little Rock.

saw the skeleton of a horse prepared and on exhibition there, which Napoleon Bonaparte is said to have ridden at the battle of Waterloo. In contemplating it, I said to myself, "Fortunate skeleton of a horse seen by thousands of visitors every year who come to this place, while the heroes that I know and love so much will rest from their labors and be buried in unknown graves, possibly in some country town, some country cemetery in the State of Arkansas."

Gentlemen, there are no greater heroes than the men who travel the country districts of your state in the effort to relieve suffering humanity. It may not be that they shall have monuments erected to them; their memory will be more lasting than stone. There will be erected to their memories in the hearts of the people whom they have treated and relieved of suffering, monuments more lasting than these. Many of them, many of these nature's noblemen, have spent their lives in the tangled woods, possibly visiting people who are not known to them. During the stormy nights when I was at home dozing, or when I was on pleasure bent, they have faced the drenching rain or the blinding snow and sleet to reach some child, or some man or woman in some remote neighborhood, whose life was in peril from some severe complication. These are the real heroes; the men who make the most sacrifices for humanity. These are the friends we have lost. About fifteen of our brothers have passed away during the year. It will be impossible to say something about each one of these noble servants of humanity, but I am sure that all will be remembered as we proceed.

The first speaker is Dr. J. L. Greene, who will speak of Dr. Dibrell, our departed brother.

Dr. J. L. Greene (Little Rock)—Mr. President, Members of the Arkansas Medical Society, Ladies and Gentlemen: We pause in the activities of professional duty and in the midst of the business and scientific program of the annual meeting of the Arkansas Medical Society to pay an affectionate tribute of respect to the memory of our most distinguished member and president, Dr. Edwin R. Dibrell.

It is meet and proper that we should do this, for it is in these offices paid the dead that lessons to the living find their most forceful and lasting presentation. He, to whose lovable personality, professional attainments and high ideals we dedicate this solemn hour, would, were it possible for him to speak in a voice audible to mortal ears, bear testimony to the truthfulness of the saying that "Mankind needs the example that can be given only through death," and I cheerfully bear testimony to the fact that he met this great change without fear. In the words of another, "The loved and loving husband, father and friend died when manhood's morning almost touches noon, and while the shadows were still falling toward the west." "He had not passed on life's highway the stone that marks the highest point, but, being weary for a moment, lay down by the wayside and, using his burden for a pillow, fell into that dreamless sleep that kisses down his eyelids still. While yet in love with life and enraptured with the world, he passed to silence and pathetic dust," leaving to those of his loved ones who survive him a heritage more priceless than the gold of Ophir or the gems of India.

The life of such as he becomes a fountain whose stream gladdens and purifies a community, a beacon that guides a generation of men. And the spot holding the ashes of such a man becomes holy, a shrine where are pronounced vows that plight the noblest souls to fidelity in efforts for the elevation of mankind.

Dr. Dibrell came from a French-Hugenot family, who, driven from France with many others, settled for a time in Germany and afterward in England, finally coming to America in 1700, finding a permanent home at Manakintown on the banks of the James River, in Virginia, in what was then known as King William Parish. The family name was then spelled Du Brueil, but has since been Americanized to its present form.

Dr. Dibrell came from a long line of distinguished ancestors, who, by reason of virility of thought and high ideals, have left an indelible stamp on the minds and morals of men and women in the communities where they have lived.

His grandfather, Edwin Dibrell; his father, Dr. James Anthony Dibrell, Sr., and his mother, Ann Eliza (Pryor) Dibrell, were all Virginians by birth.

He, to the momory of whose useful, kindly and honorable life we now pay tribute, was born at Van Buren, Ark., on October 21, 1858. He died in Little Rock on October 20, 1912.

His life of fifty-four years spanned the most momentous period in the history of civilization. Born almost at the beginning of the irrepressible conflict, he lived to see the fruits of a lasting peace, to observe the binding and healing of a nation's wounds and the establishment of mutual confidence, based upon a brotherly love which knows no sectionalism.

During the fifty-four years of his life the advancement in all science was by leaps and bounds. The telegraph was perfected. The idea of a submarine cable was conceived and executed. The telephone and electric illumination came into common use, and the development of the electromotive principles was almost beyond conception.

He saw the developed genius of mankind transmit waves of energy through thousands of miles of trackless ether and perfect a wireless telegraph system that encircles the globe.

He saw man on wings of power mount to altitudes hitherto unattained, and the art of aviation made common, if not safe.

During the thirty years of his professional life there was more advancement in the science and art of medicine than in all the ages that had preceded. He saw the beginning of the science of bacteriology and its application as a causative factor in disease. He saw typhus, yellow fever and scurvy all but banished from earth. He saw maternity, with all of its sweet anticipations, emancipated from the terrors of child-bed fever. He saw the establishment of the modern hospital and the advent of the trained nurse. He saw the science and art of surgery made all but perfect, and its modern ministration rescue thousands of his fellow-beings from permanent helplessness or a life of lameness. He saw the passing of the idea that the insane were possessed of an evil spirit, and that the development of the malady closed for these unfortunates the door of hope. He saw the madhouse give way to the modern hospital with means and methods of treatment for alleviation and cure. He saw the charlatan and pretender, crouching behind his years of ignorance, give way to science in the hand of youth. He saw preventative medicines take precedence over attempts to cure, and the establishment of sanitation and quarantine promulgated and made effective by the police power of the state.

In governments among men he saw tyranny and despotism give way to government of the people, by the people and for the people. Every republic on earth, save our own, came into existence during his lifetime.

He saw old earth robbed of her last secret, when the intrepid explorers, after years of fruitless effort, crossed the last "open lead" and sealed the last "ice barrier" on their journey to the poles.

In matters religious he saw bigotry give way to tolerance, and the mysticism of ignorance supplanted by a rational belief, founded upon scientific conceptions of revealed truth.

All of the life of this splendid man was spent within the borders of this state, Arkansas was always his home. True, there were many periods of absence of months duration, their sum amounting to years. But these absences were only journeys; their purpose was a search for what, to him, was the Holy Grail.

His preliminary educational advantages were found in the schools of this state and his first medical degree was conferred by the Medical Department of the University of Arkansas in 1883. In the other years of his life he was graduated from the University of Pennsylvania and had training in many of the great medical centers and clinics of America, including those in Philadelphia, Baltimore, Boston, New York, Chicago and Rochester, Minnesota. Following his graduation from the University of Pennsylvania, and after some years of active practice in this city, he spent a time at the clinics in Europe, much of the period being spent in Vienna, then, as it is now, the fountain head of scientific teaching in internal medicine.

It was in this city, however, that his great life work was accomplished. Here he was a teacher in the medical department of the University for a period of twenty-seven years, during most of which time he taught the principles and practice of medicine. His first teaching was in the branch of physiology. The thoroughness with which he prosecuted investigations in the preparation for this teaching in after years proved an invaluable asset when he had risen to the position of head of the department of Medicine of the University, and in confidence of his fellow-practitioners, to the position of dean of internal medicine men in this state. His counsel and advice in difficult problems of diagnosis and treatment was eagerly sought by men of every grade of strength in the pro-

fession in this and adjoining states. The clearness of his vision in the elucidation of difficult problems of diagnosis amounted almost to a pre-science, and the presence of this splendid man in a sick room, where doubt prevailed, was sufficient to re-establish confidence. An experience in my own home when my only son was suffering from an undifferentiated illness that apparently had the potentials of a serious outcome, gave convincing evidence of his ability to bring order out of chaos, and to establish confidence where fear and doubt prevailed.

Those who regard the eminent success that crowned Dr. Dibrell's effort as due to a peculiar type of genius were right in part only. It is true that he was endowed with an analytic mind that gave him an ability to weigh and estimate presented facts that was, in a way, superior to that possessed by most men. He had, however, that better faculty of approaching a difficult problem with an open mind, to which he presented all of the facts, and then, by his analytic methods, quickly threw out the inconsequential, leaving for consideration only the major facts of evidence. Yet, his ability as a diagnostician and an advisor rested not entirely upon his refinement of judgment, but rather upon his habit of industry and application that was an every-day part of his life. No day came and went that he did not add to the sum total of his knowledge, and his library was replete with the most recent publications in the form of text-books and the current literature published in the journals of the profession, and to these sources of information he had constant recourse.

It was a teacher, however, that the chief imprint of his life has been left upon the community and state in which he lived. The large number of young and middle-aged members of our profession and of this society, who have sat at his feet and, through his lectures and teachings, developed wisdom, have carried his influence to every city, village and rural community in this commonwealth.

There was a peculiar forcefulness in the methods through which he presented the salient points of his teaching, and it seemed that he had an inspired ability to leave clearly in the minds of his hearers that which was good and profitable and to aid in the exclusion of immaterial facts. He was a consistent advocate of ethical conduct in the profession; always courteous with an old-fashioned courtesy that was refreshing to see in these days, and was highly thought of and beloved by his fellow-workers.

Dr. Dibrell was married in 1897 to Miss Estelle Tucker of this city. Mrs. Dibrell is the daughter of the late S. H. Tucker, a pioneer business man and banker in this state, who continued active in the business relations of this city to the time of his death. To Dr. and Mrs. Dibrell four children were born, three sons, Edwin, Sterling and Frank, and one daughter, Estelle, all of whom survive. The home life of this family was ideal. The atmosphere breathed a mutual confidence and esteem, and the love of the children for their father was ever manifest when he was in the home. No degree of weariness from professional duty and no demands upon his time ever made him unmindful of his duty to his children and their rights to his attention and care. His life terminated just when his hopes for them and their future was beginning to have definite form. The oldest son had been placed in the famous Webb school in Tennessee, where he was to be prepared for entrance to a university that he might take up a combined university course leading to a degree in science and medicine. The younger children, except the infant daughter, were in the schools of this city.

The untimely death of our president has brought to the members of the medical profession of the State of Arkansas an opportunity to perform a sacred duty. He who believes in the tenets of our profession, and the sacredness of the oath of Hippocrates, is bound by these affiliations to aid in the development of these sons of our departed member; to hold his children equally dear with our own; and to teach them, if they desire, the art of medicine as freely and unreservedly as we would impart this information to our own children. Personally, I here highly resolve to carry out any part of these obligations which may ever come to me, and I invite and urge all loyal members of the medical profession of this state, and especially those members who are graduates of the medical department of the University under the teaching of Dr. Dibrell, to dedicate themselves and their efforts to aid in doing for his children the things his untimely death has prevented him accomplishing.

To his widow and orphans we extend our heart-felt sympathy in their bereavement and offer to them an assurance of a continued interest in their welfare. We express a hope

that some or all of his sons may, in time, occupy the position so long held by their distinguished father.

I may be pardoned, I trust, for a personal allusion concerning my relation to this lovable man. Those who have had the pleasure of a lifetime spent in one place, where the friends of childhood continued as the friends of youth, early manhood and mature life, cannot well understand the emotional stress that comes to him who, in middle life, finds it necessary to establish a new home among strangers.

It was through the influence of Dr. Dibrell that I took up my residence here, coming a stranger, not knowing a single person of the million and a half of people who reside in this state.

The kindly reception given me by the medical profession and the people of Arkansas will always be one of the most cherished memories of my life. I believe that I am indebted to Dr. Dibrell and his willing kindness for many of the courtesies extended me by the profession and people of this state, since I came among you a stranger.

To those of us who had an opportunity to be near him as the end approached, there was imparted a lesson in fortitude, a lesson in patience, a lesson in a confiding trust in the fitness of things, and a lesson in the belief that the dispensation of Providence must be met cheerfully and uncomplainingly. I have stored in my memory recollections of a half day spent with him two weeks before his death, when he visited me at the State Hospital, at which time we discussed the questions of the present and the Great Beyond with a freedom and fullness seldom done by matured men, and I most cheerfully testify to his complete resignation to the inevitable.

The greatness of spirit of this manly man could not have been evidenced more forcefully than at the time of my last visit to him at his home within a few hours of his death, when, surrounded by the members of his immediate family and other relatives, clearly conscious of his condition and knowing the limitations of his life, his mind, unclouded, was active in plans and hopes for his family. A deepening shadow was gathering for this home, yet within there was a flood of the sunshine of confidence, love and hope.

In the fading light of a most glorious autumn day the friends of all his years went with him to the place of his final abode, where, under the wilderness of flowers, every blossom telling of the love of countless friends, he was consigned to a rest that will be until the final awakening for all who sleep. Then he who gave his heart throbs to his patients and his friends will arise to a newer and better life in the eternity of which we all believe. When the man of God had committed his body to Mother Earth, and recited in a most beautiful way Tennyson's "Crossing the Bar," his sorrowing friends placed him in a sacred niche in memory.

Winding my way homeward in the twilight, this splendid tribute of Dr. Oliver Wendell Holmes to the medical man was recalled and appreciated as never before:

"In life's uneven road
Our willing hands have eased our brother's load;
One forehead smoothed, one pang of torture less,
One peaceful hour a sufferer's couch to bless,
The smile brought back to fever's parching lips,
The light restored to reason in eclipse,
Life's treasure rescued like a burning brand
Snatched from the dread destroyer's wastefull hand;
Such were our simple records day by day,
For gains like these we wore our lives away.
In toilsome paths our daily bread we sought,
But bread from heaven attending angels brought;
Pain was our teacher, speaking to the heart,
Mother of pity, nurse of pitying art;
Our lesson learned, we reached the peaceful shore,
Where the pale sufferer asks our aid no more;
These gracious words our welcome, our reward,
Ye served your brothers, ye have served your Lord."

I thought again of the profession that he adorned: thought of it as advancing steadily but surely toward perfection; thought of it as more noble than philosophy which extends no charity to the sick; thought of it as an agency that had accepted the divine command to care for the poor, the maimed and the blind, that it had forced its way through opposition, ignorance, skepticism and superstition, and crowned its votaries with immor-

tal honor. It follows men in every step from the hour of his conception to his death. If he falls through weakness; if he falls in the virtuous struggle and the duties of life, or if overcome by appetite and passion, he sinks in disease and degradation, it is at his side a minister of healing.

Blessed beautiful profession symbolized! Yea, practiced by Christ himself.

And ye who tread her princely courts are justly proud.

And they who feel our gentle hands are truly blessed.

None that I have known have better filled the obligations of our profession. None come to his period of great rest in a stronger faith; none meet the great change with less fear. He was my friend and I loved him. All in all, I shall not look upon his like again.

Music—"Look Down, O Lord."

Chairman—I am sure that we have all enjoyed the talk by Dr. Greene. I feel that all of us have been helped by the life of Dr. Dibrell. The next speaker is Dr. Hathcock of Harrison, who will speak of Dr. Vance.

Dr. Hathcock (Harrison)—Mr. Chairman, Ladies and Gentlemen: I feel it but proper that I should apologize to you for attempting to talk to you, as I have no preparation whatever. I had no idea of speaking in public tonight; but perhaps there is a duty that we all owe, and I feel that as I lived in the town where Dr. Vance once lived, that I should say a few words; but whatever else may characterize my speech, brevity will be a very salient feature, and perhaps the most notable part.

I knew Dr. Vance as a citizen, as a friend and as a physician. He lived in the county where he was born; had been practicing there quite a long while, but had known him only twelve years. I knew him socially as a friend; not intimately, however, but I met him often in consultation, and will say that Dr. Vance was strictly ethical, at all times exhibiting gentle, manly courtesy in the profession, and treated his brethren with all the respect that was due them.

Dr. Vance was a son of Boone county; born and reared within a few miles of the town of Harrison, where he was buried. While handicapped in early life by lack of finance, I must say that as a business man he was successful. He was respected and honored, both in and out of the profession, as not only a gentleman, but a good physician. He was educated in the common schools of the country and took his degree from the Vanderbilt University. I have no definite date, but I think it was along in the eighties. He took a number of post-graduate courses in Chicago, New York, and attended Mayo's clinics at Rochester, Minn. He was progressive and energetic, a man who took great interest in the medical profession; was a member of almost all the medical and surgical societies; was a member of Boone County Medical Society, State Medical Society, was at one time president of the State Society, a member of the American Medical Association and American Association of Surgeons.

He was born in 1856, consequently was fifty-seven years old at the time of his death. His life was a great success; a man who was useful in the community; a man whom we shall miss greatly. He was prominent in church matters, and as a citizen he was enterprising, taking an interest in all the progress of the town and county in a general way. He was a good citizen, and, as I said before, a good surgeon and physician, and is sadly missed in the community.

I came tonight not for the purpose of making a speech, but merely to pay a tribute to our departed brothers. Dr. Vance was a man usually of very good health, but took something like gall stones, or cholecystitis. They carried him to St. Louis, where he was operated on. I never saw him afterward. It was reported that he died on the table, of apoplexy. His remains were brought back to Harrison, where he was buried with Masonic honors; the largest congregation of people and the longest procession, Masonic and civic, that I ever witnessed in Harrison during a period of twelve years.

I take pride in being here to do honor to our fallen comrades who have gone on, Dr. Vance and the others. I knew Dr. Dibrell and I knew Dr. Shibley. I also wish to pay my tribute of respect to them. I thank you.

Chairman—The next to offer respects to our dead is Dr. Moulton of Fort Smith.

Dr. Moulton—Mr. Chairman, Gentlemen and Ladies: In compliance with request of the chairman of the Committee on Necrology, I prepared a few data concerning the lives and deaths of such members of our profession who previous to their death had been residing in that part of the state contiguous to Fort Smith. Of one of them living farthest away from our portion of the state, Dr. Hathcock

has spoken to you. It is probably well to call your attention to one prominent feature of his character, which is also true of most of our worthy and successful doctors; that is, the prime motive of his life seemed to be to serve—to serve his fellow-men. No action was worth while, no deed was worth doing, unless he could benefit someone by it. His whole life was devoted intensely and unceasingly to service. In common with other doctors he burned the midnight oil that he might benefit mankind. In common with other doctors he braved the storms that he might help his fellow-men; but he has rendered one service to the State of Arkansas for which he was known and honored, not otherwise equalled in his wonderful career of usefulness, and that was the zeal and energy in which he pursued the work that was necessary in order to get the state to take hold of legislation to prevent and control tuberculosis. The credit of the result is due to the influence of his personal campaign of education throughout the state, in which he worked day and night, talking to the people constantly and warning them of the terrible scourge and insisting upon the necessity for the organization of an anti-tuberculosis society in our state. It was due to these efforts of his that this society was organized in this state. As I said before, he persistently presented the necessity for action as he went over the state, and it was due to his educational campaign that was carried on throughout the state and carried on almost solely by his efforts, and it was through him that the legislature was induced to grant an appropriation for the establishment of the sanatorium at Booneville, which is doing very beneficent work. This sanatorium stands forth as a monument to the zeal and sacrifice of Dr. Shibley, and for which he deserves not only honor, but the thanks of the entire state. He was a man of the very highest type of character. All who knew him loved and honored him.

In my part of the state I have obtained data concerning the lives and deaths of the following members, which I present to you in compliance with the request of your chairman of the Committee on Necrology, Dr. Mann. I present them in order of their decease.

DR. W. J. PITTMAN of Fort Smith, Sebastian county, fifty-one years of age; died on December 20, 1912. His dead body was found early one morning in an out-of-the-way place in the city under such circumstances as to indicate that he had been waylaid and foully murdered, although the murderer has never been apprehended. Dr. Pittman was a native of Georgia, graduating from the Atlanta Medical College in 1888. Soon after, he settled in Greenwood, Sebastian county, Ark., where he practiced until a few months before his death, when he moved to Fort Smith to accept the position of county physician.

Dr. Pittman enjoyed a large practice at Greenwood during his residence there. He had an enviable reputation as a surgeon and an influential position in the community.

DR. FRED A. MICKLE, sixty-two years of age, of Van Buren, Crawford county; died in a hospital in Fort Smith on March 16, 1913. He was born in Wisconsin, but had been a resident of this state for thirty-two years, graduating from the Medical Department of the University of Arkansas in 1893.

For fifteen years he lived and practiced in Van Buren, although the last few years of his life were inactive, owing to ill health. He was a successful practitioner, an honorable and upright citizen, respected by all who knew him.

DR. A. J. VANCE, fifty-seven years of age, of Harrison, Boone county; died at St. Louis on April 23, 1913, where he had been taken for treatment. Dr. Vance had spent his entire life in Arkansas, being born in that part of Carroll county which is now Boone. He was a graduate of the medical department of Vanderbilt University in 1881. After graduating he settled at Lead Hill, but soon moved to Harrison, where he remained till his death, excepting for a short time that he resided in Fort Smith as physician to the United States jail. He was also an ex-president of this society, and at the time of his death was chairman of its section on pathology and bacteriology.

Dr. Vance led a useful and successful life and was a man of large influence in the church, as well as in medicine and business.

DR. J. D. BRADLEY, sixty-four years old; died in Fort Smith on May 1, 1913. He was a native of Alabama, graduating from the St. Louis College of Physicians and Surgeons in 1893 and came to Arkansas in 1894. He lived and practiced in both Crawford and Sebastian counties, but most of his work

was done in Sebastian. He was a wise physician and zealous friend. He did much to uphold ethical medicine and expose fraud. He was an eloquent speaker and a faithful worker in his county society.

DR. A. M. BOURLAND. I cannot close these remarks without including some notice of Dr. A. M. Bourland of Van Buren, Crawford county. Although retired from practice twenty years and not a member of this society at the time of his death, he was for years closely identified with organized medicine in the state. The profession of the western part of the state owes much to his support, in the early day of local societies and scientific medicine. He was a scholar and a dignified gentleman of the old school. He was graduated from the Medical Department of the University of Tennessee in 1857. He came to Arkansas from Alabama sixty-seven years ago, living in Van Buren continuously for fifty years. He died April 19, 1913, at the ripe old age of eighty-seven years and nine months.

DR. J. S. SHIBLEY, aged seventy-one years, a resident of Paris, Logan county; died March 26, 1913, at Rochester, Minn., where he had gone for treatment. He came to this state from Missouri in an early day. In 1870 he graduated from the University of Nashville, Medical Department. He lived and practiced at Paris for more than a quarter of a century. He was an ex-president of the Arkansas Medical Society and president of the Society for the Study and Prevention of Tuberculosis, which Society he had organized and kept going largely by his own efforts. He was the first superintendent of the State Sanatorium for Tuberculosis at Booneville, having resigned that position but a short time before his death.

Dr. Shibley was a man of the very highest type of character. His chief motive in life was to serve, and he served efficiently. His fellow-men delighted to honor him.

Mr. Chairman—When our loved and honored friends leave this world for a better one, it is but natural that we should feel the loss of their sustaining presence, and mourn because we shall see them no more. When those friends were of such distinguished virtue and usefulness as the six whose lives I have briefly related, the mourning is all the more deep and sincere; yet, mingled with the sadness and grief, there comes an irrepressible feeling of joy and gladness. For, are we not glad that we had them for friends? Are we not glad that we had them to teach us how to live? Surely, because we had them with us, we will be better men and better physicians. May God grant that our lives may be long and useful as were all of these, and that at our deaths the memories we leave to our successors may be as sweet and helpful as those they left to us.

In conclusion, the choir rendered "It Is Well With My Soul," and the audience was dismissed by the Rev. Mr. Hyde.

THE TREATMENT OF TRIFACIAL NEURALGIA BY THE INTRA-GANGLIONIC INJECTION OF ALCOHOL (HARTEL'S METHOD).*

By Urban Maes, M. D.

The evolution of the surgery of the trigeminus began with the efforts of surgeons to relieve tic douloureux and other painful affections of this nerve. The operation aimed to accomplish this purpose by division of the sensory branches from their peripheral distribution at their exit from the basal foramina, constitutes one of the most interesting chapters in neurologic surgery. These efforts finally culminated in the operation of gasserectomy, which was first performed by Rose in 1886. This procedure has gone through many modifications, including those of Krause and Hartley, Doyen, Cushing and Frazier. With all of these improvements brought about by a perfected technic, the operation of gasserectomy still remains a dangerous procedure, with a mortality of from twelve to fifteen per cent. The dangers of this operation, with the frequency of relapse after the anatomical division of the sensory root, and even after the removal of the ganglion, have given way to the injection of alcohol in the treatment of tic douloureux and other painful affections of the trigeminus. In view of these facts, the alcohol injections into the nerve trunks at their exit from the skull is the most certain, simple and satisfactory procedure for the relief of one of the most painful affections known to medical men.

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*Read in the Section on Surgery of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

Read before the Orleans Parish Medical Society, July 28, 1913.

Published in the New Orleans Medical and Surgical Journal, September, 1913. Vol. 66, No. 3.

Schlosser, an ophthalmologist of Munich, was the pioneer in this method, and since his first demonstration in 1903 his example has been followed with increasing favor by the profession. The technic of Schlosser was rather uncertain, and required a large amount of practice and the use of one's sixth sense for the accomplishment of successful results. Levy and Baudoin gave more accurate guides for reaching the nerve trunks, and the early publication of a series of successfully-treated cases by Ostwalt gave a new impetus to the work. However, the intrabuccal route of Ostwalt has almost been discarded. Kiliani, Hecht and Patrick were among the first in America to apply Schlosser's principles. Wilfred Harris and Purves Stewart, in England, made some valuable suggestions by the addition of chloroform and cocain or eucain to the solution. The recent work of Offerhaus for locating the basal foramina by a series of measurements is rather complicated, and probably will not come into general use.

The final achievement in the treatment of tic douloureux is the alcoholization of the gasserian ganglion itself, a procedure which has been tried by Harris of London, Taptas of Athens, and others, but it has found its most systematic and ablest exponent in Fritz Hartel of Berlin. (*Archive. f. Chirg.* Bd. 100, 1913.) This is a masterpiece of patient and thorough work.

The alcoholization of the ganglion is equivalent to a gasserectomy, as far as immediate physiological effects are concerned. The degenerative action of the alcohol on the ganglion is gradual, and in this way the trophic lesions of the cornea are not as pronounced as those which follow removal of the ganglion.

Long before the injection of the trigeminal branches for therapeutic purposes had been tried by Schlosser, practical surgeons had planned methods of reaching these branches, in order to obtain control of the field for surgical procedures. Probably the first recorded operation under regional anesthesia of the trigeminus by the intra-neural injection of the second division with cocain was done in 1898 by Dr. Matas at the Charity Hospital in New Orleans. At this time (long before Schlosser) he used the intra-malar route to the foramen rotundum via the spheno-palatine fossa, but in this particular case he utilized for the first time the orbital route for injecting the second division at its exit from the foramen rotundum through the spheno-maxillary fissure. In this way he obtained anesthesia of Meckel's ganglion and its branches, which, when repeated on the opposite side, permitted the painless removal of both superior maxillæ and the palate.

Professor Braun and other German writers credit Dr. Matas with the first application of the lateral or infra-malar route, but through some error they attribute the orbital route to Payr of Breslau, who operated by this route at a much later period.

This was the beginning of extensive work in this direction, and regional anesthesia by these methods with cocain, stovain, and finally novocain adrenalin solutions, have been steadily used by us with success in the surgery of the face, mouth and jaws. These neural injections were continued until last winter, when Dr. Matas' attention was attracted to the greater possibilities of Gasserian anesthesia by the publications of Harris and Taptas. When Hartel's paper appeared, the study of the routes of approach to the ganglion for surgical and therapeutic purposes was undertaken with enthusiasm on the cadaver in the Miles Laboratory of Operative Surgery of Tulane University. We were convinced finally that this (Hartel's route) was by far the most accessible and safe route to the ganglion. In the course of these observations, carried on at the suggestion of Dr. Matas, I have made over two hundred ganglion injections, and have found this preliminary experience on skulls and recent cadavers of inestimable value in training me for the more difficult work on the living patient.

Fortunately, the third division is the branch most frequently involved, as this is the most accessible division. The second division is much more difficult to locate, by either the lateral route or through the spheno-maxillary fissure. Less than five per cent of cases occur in the ophthalmic division, which is the smallest and most inaccessible trunk, and its injection is certainly fraught with danger to the structures in the orbit and secondary trouble in the eye.

The experience of Hartel, who reports two cases of neuro-paralytic keratitis in ten patients treated, shows that destruction of the ganglion must be fairly complete. In Grinker's patient, which is the only American report I have seen, the result seems to have

been excellent. In several severe cases treated by Dr. Matas the results have been very gratifying. My own patient has been greatly benefited, but still complains of slight pain in the gum, which is not sufficient to warrant further treatment.

Mrs. K. W., age sixty-six, has enjoyed excellent health all of her life, and, except for edentulous jaws due to an early recession of her gums, is still free from any organic disease. She is rather thin and emaciated, having lost weight recently from her inability to eat. For nine months Mrs. W. has been a terrible sufferer from trifacial neuralgia in the right side. The second and third divisions were involved. The pain was paroxysmal, accompanied by twitching and flushes; is worse during the afternoon, usually disappearing at night. Paroxysms are brought on by chewing, talking, or by allowing the air to strike the face. She has been treated by the usual anti-neuralgic remedies, morphin alone giving relief. One injection of alcohol into the inferior maxillary division gave partial relief for about two weeks. Six subsequent injections during October and November, 1912, failed to do any good.

On June 16, 1913, the Gasserian gangloin was injected with 1 c. c. of alcohol. The introduction of the alcohol was immediately followed by an intense burning pain on the left side of the head, with less pain on the right. This subsided in about ten minutes, and was followed by some analgesia of the right side of the face. The same night patient ate her supper comfortably for the first time in nine months. A letter on July 16 states that she is still comfortable and has gained in weight. Some twitching persists, and there is no loss of sensation. There was no keratitis in this patient.

In the original technique suggested by Hartel a patch of skin was anesthetized over the last three molar teeth of the upper jaw. With a finger in the mouth to guard against penetration of the buccal mucous membrane the needle (8 m. m. in diameter and 10 c. m. long, with a bevel point and a sliding cuff or runner) is pushed backward and inward in the direction of the foramen. The axis of the needle is obtained by using the center of the pupil and the eminentia articularis on the zygoma as guides. It is best to strike for the smooth under-surface of the sphenoid, and work the needle backward to the foramen ovale, which is usually found at a depth of 6 c. m. from the surface. On touching the nerve the patient complains of a severe pain in the lower branch. The gangloin is impaled by pushing the needle 1.5 c. m. further, when pain is complained of over most of the entire nerve distribution. The previously loaded syringe is now attached to the needle, and .5 to 1 c. c. of 80 per cent alcohol is slowly injected. The immediate burning pain is widespread and intense. In a few moments this is followed by analgesia, which is usually noticed first in the tongue.

The axis of the foramen is very variable, and may have to be entered from any point on the arc of a circle extending from the malar-zygomatic junction to the back of the last molar tooth of the lower jaw. We have been able to more consistently impale the gangloin in the cadaver, especially in subjects with edentulous jaws, from the latter point. This route offers a factor of safety, in that we strike the smooth under-surface of the sphenoid first.

The dangers of this treatment are obvious. So long as we have the point of the needle in front of the foramen we are in a safe place, except for the plexus of veins in the pterygoid fossa, and the emissary veins coming through the sphenoid. As noted by Patrick, one of these coming through the foramen of Vesalius is larger than the rest, and may be punctured. Behind the foramen, the needle may enter the foramen lacerum medium, the Eustachian tube or the carotid artery near its entrance to the skull. The foramen spinosum accommodating the middle meningeal artery is in close proximity. There is danger of pushing the needle beyond the gangloin, penetrating the dura, and diffusing alcohol in the cerebro-spinal fluid in the neighborhood of the pons and medulla. Finally, these patients must be kept under observation for several days, for fear of the development of a neuro-paralytic keratitis similar to that following complete gasserectomy.

The first discussion and demonstration of the various routes to the basal foramina for the relief of neuralgia by alcohol injection and for the purpose of regional anesthesia in the territory supplied by the trigeminus, including in this the Hartel route to the Gasserian gangloin, were shown by Dr. Matas in a lecture to the Society of Clinical Surgery at New Orleans on March 21, 1913. On this occasion, through the courtesy of Dr. Matas, I demonstrated for him the technic of Har-

tel's procedure and the ease with which the gangloin can be reached through the foramen ovale in the cadaver.

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THE GOLFING DOCTOR.

The patient's brow was hot and dry,
His pulse was running rather high;
The missus, worried by his groans,
Dispatched a call for Doctor Jones.
Doc, summoned from his favorite game,
Picked up his other tools and came;
And presently he reached the door,
Exclaiming as he entered, "Fore!"

He drew a chair beside the bed,
And felt the patient's feverish head;
He took his pulse and said, "I see,
He's doing it in 93.
Too high," said he, "too high by far;
He's twenty-one beats over par.

Then, turning to the anxious wife,
"He's not in danger of his life;
His general health is good enough,
He's merely slicing to the rough.
These simple pills I leave with you
Will get him down to 72.
He'll soon be back in summer form.
Good morning, madam. Rather warm."

—Anonymous.

A recent report of the Rockefeller Hookworm Commission says: "Experts of all countries are agreed that the anemic condition caused by the hookworm parasite is an enormous economic loss in that it depreciates the working value of the laboring population from 33 to 50 per cent and is a large factor in retarding the development of the communities where it exists. * * * This result is especially to be observed in such countries as Egypt, India and China, which have suffered heavy infection for centuries. It being estimated that from 60 to 80 per cent of the total population of India is infected with the hookworm, it follows that every country importing coolie laborers from India is bringing to its own soil a heavy stream of infection. This is the chief source of the disease in the tropical colonies of Great Britain, where Hindu laborers have been imported under contract to work on the large estates."
—Lancet-Clinic.

In a recent issue of the Pennsylvania Medical Journal, Dr. L. B. Kline states that the office of secretary of the county society holds the key of success or failure. It is either a source of life, activity and progress, or of inertness, failure and decay. A live secretary generally means a live society. If he is alert, prompt and earnest in the performance of all his duties, the membership will largely respond to his efforts. On the other hand, if he is indifferent, negligent and careless about the program, occasionally fails to notify the members of the time and place of meeting, the standing of the society will soon be on the decline, even though a fair proportion of the members may be interested and active workers.

The ergot announcement which Parke, Davis & Co. made in a recent issue of this Journal is timely and pertinent. It gives assurance of an active, reliable ergot—an ergot that is prepared from genuine Spanish drug, that is carefully tested physiologically, and that is supplied in small original containers (one-ounce amber bottles), each in a carton which protects the product from the action of light. This fliud extract of ergot is unhesitatingly commended to the medical profession.

Be chary in your use of hexamenthylenamine (urotropin); even small doses can cause a severe hematuria in less than three days.

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DR. WILLIAM R. BATHURST, Editor.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Anonymous communications will not appear in the columns of this Journal, no matter how meritorious they may be.

Editorials.

CHRISTMAS GREETINGS.

The annual festival of Christmas will follow close upon this issue of the Journal. It is a very ancient festival, dating many centuries before the Christian era, and originating, so far as can be traced, with the sun worshippers of antiquity. The cause of rejoicing was "the birth of the sun" at the winter Solstice, giving promise of more hours each day when the blessed sun should show the light of his countenance and give light and warmth and kiss the earth so that it should bring forth its fruits in season. The early Christians, having no record of the date of Christ's birth, as is noted by Eusebius and other early Christian fathers, and having various views of their own as to the date, ranging from November to April, adopted December 25 as the day for observing the natal anniversary of their Lord. The reason was threefold. It disposed of all differences as to the date, it did not conflict with other festivals of the church, such as Easter, and, most important of all probably, it appeased the Roman pagans, who would have revolted at an attempt to take from them the great festival of the year, which had degenerated into the Saturnalia, a week of debauchery and riotous living. The holiday was preserved to them under another name, and by degrees the demoralizing features of the pagan festival were modified, although to this day there remain, in the Christian observance of the festival, traces of the ancient pagan customs of feasting and decorating the houses of worship with flowers and evergreens.

But whether regarded as the birthday anniversary of the founder of a great religion, or as the new birth of the life-giving sun, or as merely a custom, sanctioned by long usage, of setting apart a day for merry making, for gift giving, for the expression of good wishes for the happiness of our fellow-beings, Christmas is a welcome event. It brings us, for a day at least, into closer communion; it emphasizes the universal kinship, the brotherhood of man. If, indeed, we are prone to give to him who already hath, also we give to the poor and make the waifs happy, for the time being, at least, with a stomach full of good things and Christmas trees loaded with toys and goodies otherwise unobtainable. Our various churches, charitable and fraternal organizations do these things and the citizens put up the money. Whether of religious origin or not, any day we set apart by men for doing good for making others happy, for being unselfish, for banishing care, is self-evident of divine origin, if only the divine in man prompts it. The one regret is that Christmas should come but once a year. We should have more days for merry making and promoting happiness.

We sincerely hope that every reader of the Journal, every member of every medical society and every physician in the state will enjoy, rationally, a Merry Christmas, remembering, too, that it is more blessed to give than to receive, and so in the knowledge of bringing happiness to others the greater happiness will be his.

COLLECTION OF DUES.

Lest we forget.

Remember that the annual dues for 1914 are due this month, not in January.

At the last meeting of the State Society an amendment was adopted providing for the election of officers by county societies at the first meeting in December.

And:

REQUIRING SECRETARIES OF THE COUNTY SOCIETIES TO MAKE THEIR REPORTS ON JANUARY 1—also requiring the state secretary to drop from the roll all members of the previous year whose dues are not paid and certified to by March 1.

Palpably, this is mandatory, and your county secretary cannot make his report on January 1 if the members do not pay their dues till January.

In changing the date from May 1 till January, the state secretary fell in line with the recommendations of the American Medical Association, the idea being to secure uniformity in the date of making reports by all state societies.

The annual dues are merely a trifle. That they are not paid promptly is generally due to oversight rather than any disinclination to pay. Yet some consideration is due your county secretary. His office is not only a position of honor, but honor plus work. In fact, the secretary has more work to do than any other officer and he gets no pay for it. All members should at least facilitate him and endeavor to relieve him of unnecessary work. It is not a part of his duty to seek out members to collect dues or to send reminders by mail. All this would be quite unnecessary if the members would send in their dues promptly.

The state societies, to obtain the best results, should work in unison with the American Medical Association and, in turn, to enable them to do so, they must have the cooperation of the county societies.

Whatever organization one joins, whether a medical society, a fraternal organization, a church or what not, he assumes certain obligations. One of the chief ones is prompt payment of dues, without which no organized body can endure. As long as they must be paid, the best time to pay them is when they are due. Delay means trouble and confusion.

COMMITTEE APPOINTMENTS.

(Arkansas Medical Society.)

Dr. Frank B. Young, president of the Arkansas Medical Society, has announced his appointment of committees for the next annual meeting, with the exception of the Committee on Arrangements. This he properly left to the Union County Medical Society to name, as local men are essential, to say nothing of the matter of courtesy.

As to the committees named by President Young, a glance at the personnel suffices to convince one of the fitness and high standing of the physicians selected. But committees are selected not only with a view of honoring its members, but for work; and President Young, having this essential feature in view, assures us that he has the personal pledge of each one to discharge the duties devolving on his committee to the limit of his capacity and time.

The committees as announced by President Young are as follows:

COMMITTEE ON ARRANGEMENTS—(To be selected by the Union County Medical Society).

COMMITTEE ON SCIENTIFIC PROGRAM—Wm. R. Bathurst, chairman, Little Rock; A. E. Harris, Little Rock; C. P. Meriwether, ex-officio member, Little Rock.

LEGISLATIVE COMMITTEE—R. C. Dorr, chairman, Batesville; J. A. Foltz, Fort Smith; R. A. Hilton, El Dorado; president and secretary, ex-officio members.

BOARD OF VISITORS TO THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS—W. F. Smith, chairman, Little Rock; W. S. Stewart, Pine Bluff; M. C. Hughey, Rector.

COMMITTEE ON TRAINED NURSES—J. P. Sheppard, chairman, Little Rock; St. Cloud Cooper, Fort Smith; M. Fink, Helena.

COMMITTEE ON NECROLOGY—R. H. T. Mann, chairman, Texarkana; O. Howton, Osceola; F. Vinsonhaler, Little Rock.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION—Olive Wilson, chairman, Paragould; Charles H. Cargile, Bentonville; H. N. Dickson, Paragould.

COMMITTEE ON SANITATION AND PUBLIC HYGIENE—T. B. Bradford, chairman, Cotton Plant; B. A. Fletcher, Augusta; M. D. Ogden, Little Rock.

OFFICERS OF SECTIONS.

At the annual meeting of the Arkansas Medical Society, held in Little Rock last May, the following officers of sections were elected:

Practice of Medicine—Chairman, C. J. March, Fordyce; Secretary, J. S. McGraw, El Dorado.

Surgery—Chairman, C. S. Holt, Fort Smith; Secretary, Earl Hunt, Clarksville.

Obstetrics and Gynecology—Chairman, R. L. Saxon, Little Rock; Secretary, O. B. Ward, England.

Pathology—Chairman, F. B. Kirby, Harrison; Secretary, Loyd Thompson, Little Rock.

State Medicine and Public Hygiene—Chairman, J. L. Greene, Little Rock; Secretary, C. W. Garrison, Little Rock.

Dermatology and Syphilology—Chairman, J. H. Chesnutt, Hot Springs; Secretary, J. M. Proctor, Hot Springs.

Diseases of Children—Chairman, N. E. Murphy, Clarendon; Secretary, A. R. Hederick, Booneville.

They are published for the purpose of reminding them and members generally that the time for preparing for the next annual meeting is right now, if we would have a successful meeting; and we all desire that.

It is the duty of section officers to see that their sections are properly and ably represented at the annual meeting. To accomplish this it is necessary to begin now to request the very best men they know, in their respective sections, to prepare papers to be read at the annual meeting. It would be possible to get together a bunch of papers on thirty days' notice—and perhaps most of them would not be worth reading or hearing.

Timely and helpful papers by competent men are needed. They can be had by going about it in the right way. Usually the physician able to write a first-class paper is a busy practitioner. His time is not his own. He should not be expected to dash off a paper at a few days' notice. He must have time to carefully prepare and revise it, and it is not a bit too early to ask him now.

The profession in Arkansas has men as able as can be found in any state in the Union. It is those we want to hear from. Second-rate papers, read at the annual meeting, published in the Journal and commented on by other medical Journals, must give the impression of a second-rate medical society made up of physicians of mediocre attainments. It is unavoidable. "Is that the best you can do?" will be the natural, if unspoken, query.

The chief purpose of the Arkansas Medical Society is scientific, business and legislative matters being necessary incidentals. The original articles appearing each month in the Journal are, almost exclusively, papers read at the previous annual meetings. They establish our scientific standing. We want them to be impressive. So do you. We want the profession in other states to say, "Well, the Arkansas Medical Society is SOME society."

We would add that any member desiring to contribute a paper communicate with the chairman of the section to which the subject belongs. The chairmen do not know, in person or by reputation, all the members throughout the state, and they will be glad to hear from prospective contributors.

It should be stated that talent outside the society may be invoked under the provision of our by-laws providing for "guests;" but the names of such guests should be forwarded by the section to the secretary of the State Society, so that the formal invitation may be sent by the president and secretary.

AN OBJECT LESSON IN SANITATION AND TYPHOID PREVENTION.

A splendid report comes from the commanding officer in charge of the United States troops stationed at Texas City, Tex. Ever since the murder of Madero, about nine months ago, these troops have been stationed there. The unsettled conditions in Mexico and the possibility of the need of troops near the border to protect American interests rendered this advisable.

There are 12,000 of these men, approximately one-third of the entire infantry forces of the United States army. They are encamped in tents and are now preparing to winter there. The object lesson is in the medical officer's report. With more or less typhoid fever all around them among the citizens, not a single case of typhoid has occurred among the soldiers encamped there.

Compare this clean record with that of the concentration camps during the war with Spain. Many more volunteers who never saw a day's service died of typhoid fever than the total of American troops, volunteers and regulars killed in battle.

The Texas encampment record marks a wonderful advance in sanitation and in medical science. Much of the freedom from typhoid is due to the immunizing of the men by the use of typhoid vaccine. But sanitation has been an important factor. Rigid sanitary rules have been enforced; a sewer-

system connecting with the city sewers has been established; care has been taken to secure a supply of pure water; soil corruption has been guarded against, and as a consequence the typhoid germ has found no lodgment there.

Here is an object lesson for our cities. If a more or less temporary encampment of 12,000 men on a tented field may be kept absolutely free from typhoid, why may not the permanent city with its organized government, its sanitary and medical departments, free itself of this scourge? And, by co-operation with county and state governments and medical departments, why may we not hope to finally eliminate typhoid infection?

THE PELLAGRA COMMISSION.

The commission appointed by the State Board of Health at the conference of health officers, held at Little Rock, October 28-29, has an important work to perform in investigating the cause and the extent of pellagra.

Pellagra is an insidious and destructive disease, threatening the virility of future generations. It has existed in this country at least half a century and was prevalent in Italy for centuries before it was diagnosed as a distinct disease.

It is gratifying to note that our State Board of Health is abreast of the times, and it is hoped that physicians and laymen alike throughout the state will render to the commission every assistance possible.

The commission is composed of: Drs. M. L. Norwood, Lockesburg; J. L. Greene, Little Rock; J. E. Sparks, Crossett; F. B. Young, Springdale; G. A. Warren, Black Rock; C. M. Lutterloh, Jonesboro, and T. E. Sanders, Hot Springs.

NEED OF RELIABLE VITAL STATISTICS.

Attention has been recently again called to the need of a comprehensive system of vital statistics.

The trouble is that attention is called to this frequently, but no one seems to pay much attention to it.

It is a standing disgrace that the United States should be behind every other civilized country in this respect. The census office publishes a report of mortality statistics of such states and cities which have and enforce laws or ordinances requiring registration of deaths.

THIS REGISTRATION AREA COVERS ONLY 55 PER CENT OF THE POPULATION.

And even in many states and cities where mortality registration is enforced, there is laxity in laws, or the enforcement of laws, on the registration of births, so that no attempt is made by the census office to give these statistics.

Any European country, through its Census Department, can give the number of marriages, the number of births and the number of deaths, so that the exact excess of births over deaths can be obtained. The United States is not able to furnish such statistics. It can only give the total of deaths and the causes of death for a trifle more than half of its population, and of total births no information at all.

This is a most important matter, and the states and municipal governments should give it the attention it deserves. In European countries, generally, failure on the part of parents, physicians or midwives to report births within a certain time limit subjects them to prosecution on a charge of "concealment of birth." Thus the negative sin of omission or negligence becomes a positive sin of commission.

Surely it is a matter of importance to the medical profession to know accurately the death rate and the causes of death. How else can they intelligently plan to battle with disease and lower a death rate that is above normal?

The accurate keeping of vital statistics concerns the commercial bodies, the immigration bureaus and the citizens generally. For instance, we need not go far back in the history of Little Rock to find published inaccurate statistics month after month, showing an excess of deaths over births. They were inaccurate, because while death registration laws were enforced, those touching birth registration were not. A prospective newcomer seeing such reports would hesitate to invest his capital or risk his own family's health in a community in which, according to published statistics, more people died than were being born.

To a great extent this matter of birth and death registration is one in which the physicians of the state should interest themselves.

If the Bureau of Vital Statistics of Arkansas is not inaugurated promptly on the first of January, it will be due entirely to negligence on the part of some local register. In some instances we are told that it was necessary to write several letters before a reply was received.

We trust that our physicians will give prompt attention to all correspondence from health officers.

NEW YEAR'S RESOLUTION.

New Year's resolutions have been transformed into a joke by newspaper paragraphers.

The prevailing idea, as gathered from that source, is that New Year's resolutions are confined to resolving to ride on the water wagon, and then incontinently falling off about the third day, or at least trying to ride with one foot on the ground.

Nevertheless, it is not a bad rule of life to take inventory once a year of our sins and omissions, as well as commissions, and set about to mend our ways, remembering that none of us are perfect—no, not one.

There are some resolutions that physicians may consider with profit.

Resolve:

To join your County and District Medical Society, if not already a member, and to attend the state meeting in El Dorado in May.

To pay your dues promptly so that the secretary and treasurer may be able to report promptly.

To attend the meetings, remembering the life of a medical society depends more upon attendance than prompt payment of dues. And you may learn something from the least expected source. Also, you may do good service by imparting knowledge to others.

To not seek to avoid the work of preparing papers when the Program Committee makes that request of you. This applies alike to your county society and the state meeting in May.

To enter into the discussion of all papers read, and all matters brought up in the meeting. That is the way to make a live society.

To learn something new, to study and experiment, remembering medicine, not being an exact science, there is always something for the oldest, the most learned, the most experienced physician to learn.

To not slavishly follow precedent, but, like St. Paul, examine all things, hold fast to that which is good. For the cure and prevention of that most terrible of infections, hydrophobia, for the elimination of disease organisms from milk we are indebted, not to a physician, but to a scientist.

To observe the ethics of the profession, remembering, however, that it is true of regulation ethics as of Scriptures that the letter killeth, the spirit maketh alive; wherefore, let not a rigorous adherence to the letter prevent you from rendering aid in extremity on the ground that a brother physician has first been called in and may be beyond reach or the patient be dissatisfied. Let humanitarianism and common sense guide you to a reasonable construction of the ethical rule involved according to the gravity of the case, remembering always that the first duty is toward preserving the life of the patient.

To cultivate the amenities one to the other, to indulge in no jealousies, to be courteous, helpful and kind at all times.

To live consistently with your teachings; to set an example, remembering that it is waste of words and time to teach the evils of excesses in eating and drinking if you practice them; or to teach the terrible results of lack of proper sanitation, if your office or your home premises are unsanitary, germ-laden and disease-inviting.

And, finally,

To resolve to observe your good resolutions and stick to them.

Personals and News Items.

Now is the time to pay your dues for 1914.

Dr. L. A. Cook of Knoxville has moved to London, Ark.

Dr. C. P. Meriwether, secretary of the Arkansas Medical Society, attended the recent meeting of the Southern Medical Society at Lexington, Ky.

Dr. Robert Caldwell of Little Rock and Dr. John F. Rowland of Hot Springs have returned from an extended tour through Europe.

Dr. F. O. Mahoney of Huttig and Dr. S. W. Douglass of Eudora attended the Masonic Grand Lodge in Little Rock last month.

Dr. and Mrs. A. E. Harris of Little Rock have returned from their wedding journey.

Dr. James C. Cook and Dr. W. B. Center have moved from Myrtistown, La., to Garland, Ark.

Dr. J. H. Brewer of Olvey has moved to Mountainview, Ark.

Dr. C. E. Cantrell of Greenville, Tex., member of the Speakers' Bureau of the A. M. A., delivered an address before an open session of the Pulaski County Medical Society on November 22.

Dr. and Mrs. W. R. Greeson of Conway recently visited in Prescott.

Physicians visiting Little Rock during the past month were: J. R. Lind, Hazen; T. E. Benton, Lonoke; J. M. Daly, Nashville; F. T. Murphy, Brinkley; W. J. Miller, Griffithville; Earle H. Hunt, Clarksville; E. H. Wilkes, Crossett; J. W. Ringgold, Ashdown; A. A. Hughes, Rison; S. J. Weaver, Fulton, and M. M. Norton, Lake Village.

The following Arkansas physicians attended the fourth annual meeting of the Clinical Congress of Surgeons of North America, at Chicago, November 10-15: James A. Foltz, C. S. Holt, J. H. Buckley, St. Cloud Cooper, H. C. King, Fort Smith; R. C. Dorr, Batesville; E. P. McGehee, Lake Village; B. D. Luck, Pine Bluff; W. V. Laws, Hot Springs; P. L. Dickson, Paragould; T. F. Kittrell, Texarkana; J. G. Mitchell, El Dorado; J. P. Sheppard, J. P. Runyan, F. Vinsonhaler, E. N. Allen, Anderson Watkins, Loyd Thompson, W. F. Mangelsdorf, W. F. Smith, William R. Bathurst, Little Rock.

ANATOMIST WANTED.

The United States Civil Service Commission announces an open competitive examination January 7, 1914, for anatomist (male).

From the register of eligibles resulting from this examination certification will be made to fill a vacancy in this position at $1,600.00 a year, in the Army Medical Museum, Office of the Surgeon General, and vacancies requiring similar qualifications as they may occur, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion. This examination is open to all male citizens of the United States who meet the requirements.

Applicants must have reached their twentieth, but not their thirty-fifth birthday.

Apply to the United States Civil Service Commission, Washington, D. C., for Form 1312.

TRAINING SCHOOL FOR NURSES.

The Training School for Nurses at the State Hospital for Nervous Diseases, Little Rock, Ark., provides a course of training extending over two and one-half years—six months of that time being spent in an affiliated general hospital.

The object during the entire course of training is to give nurses an opportunity to prepare themselves for the work they have chosen, not only by practical and theoretical instruction, but by the cultivation of character for steadiness, thoughtfulness and tact, that they may become a comfort to the patient and a valuable help to the physician.

Practical instruction is given in the best methods of the care of the acutely insane, together with medical and surgical nursing, hydro-therapy and massage. Lectures are given on psychology and mental disease, hygiene, bacteriology, anatomy, physiology, materia medica, urinalysis, obstetrics, ethics of nursing, general care of the insane, nursing of medical and infectious diseases, surgical nursing and operating-room technique, dietetics, care of sick children, private nursing and ward management. A course of instruction in occupations and amusements is also given.

Candidates must be between the ages of eighteen and thirty, of good moral character, good health and education.

A diploma will be granted at the successful completion of the two and one-half years' course.

Requests for application forms, for admission to State Hospital for Nervous Diseases Training School for Nurses, should be made to Miss H. C. Sinclair, R. N., principal of training school.

SCHOOL FOR HEALTH OFFICERS.

We have received a catalog and announcement of the School for Health Officers, conducted by the Harvard University and Massachusetts Institute for Technology. The object of the school is to prepare young men for public health work, "especially to fit them to occupy administrative and executive positions, such as health officers, or members of boards of health, or secretaries, agents or inspectors of health organizations."

It is recognized that the requirements for public health service are broad and complicated, and that the country needs leaders in every community fitted to guide and instruct the people in the art of hygienic living; qualified to direct the expenditure of energy, time and money in public health work into fruitful channels, and able to initiate plans to meet novel conditions as they rise. It is the object of the School for Health Officers to provide the scientific ground work of sanitary knowledge which underlies efficient health administration.

AMERICAN COLLEGE OF SURGEONS.

With impressive ceremony the first convocation of the American College of Surgeons was held in the gold room of the Auditorium Annex, Chicago, November 12, 1913.

President Finney in his address placed character above every other qualification of the surgeon. One of the most important functions of the college, he said, was to wage a relentless war against the evil practices with which the profession was tainted, chief among which was the pernicious practice of fee splitting and giving commissions.

The degree of Fellow was conferred on the following Arkansas physicians: R. C. Dorr, Batesville; W. V. Laws, Hot Springs; St. Cloud Cooper, Fort Smith.

ARKANSAS CHILD WELFARE ASSOCIATION.

Following a very successful baby health contest at the recent Arkansas State Fair, a permanent organization was effected to be known as the Arkansas Child Welfare Association.

This association, which has started with a very flattering membership, intends to carry on a campaign of publicity on child welfare. This work will be done largely through committees. Already there have been organized Committees on Infant Welfare, School Hygiene, Ophthalmia Neonatorum, Sex Hygiene and Eugenics.

There is no branch of the public health movement more important than the welfare of our children, and there is no class to whom such an organization should appeal more strongly than to physicians. Every physician in the state should become a member of this association by sending one dollar to the secretary, Mrs. C. W. Garrison, Little Rock.

SPECIAL FRACTURE NUMBER.

The American Journal of Surgery will present in January an issue of their Journal devoted exclusively to fractures and their treatment.

The following subjects will be presented by acknowledged authorities in this special branch of surgical work:

"Astragalus Injuries," by F. J. Cotton, M. D., Boston, Mass.

"Diagnosis of Fracture," by Lewis A. Stimson, M. D., New York.

"Position in the Treatment of Juxta Epiphyseal Fractures at the Hip and Shoulder," by Fred Albee, M. D., New York.

"A Splint for Maintaining Nail Extension During Transport," by John C. A. Gerster, M. D., New York.

"Fracture of the Skull—Roentgen Ray as an Aid in Its Diagnosis," by W. H. Luckett, M. D., New York.

"Vicious Union," by James K. Young, M. D., Philadelphia, Pa.

"The Immediate and Remote Results of Fractures of the Skull and Spine," by Chas. Elsberg, M. D., New York.

"Conservation in the Treatment of Fractures," by Wm. L. Estes, M. D., South Bethlehem, Pa.

"Some Phases of Fracture Treatment as Based on Hospital Experience," by E. S. Van Duyn, M. D., Syracuse, N. Y.

"The Treatment of Fractures," by E. P. Magruder, M. D., Washington, D. C.

THE SOUTHERN MEDICAL ASSOCIATION MEETING.

The Southern Medical Association held its seventh annual meeting at Lexington, Ky., November 17, 18, 19 and 20. A splendid program had been arranged, which fulfilled all promises made. The oration in medicine was delivered by Dr. L. F. Barker, Baltimore, Md., on "Disturbances of the Function of the Thyroid Gland." "The Nature and Management of Shock," by Dr. F. W. Parham, New Orleans, was the oration in surgery. Dr. J. A. Witherspoon, president of the American Medical Association, delivered an address. Among the more prominent papers were: "The Cancer Problem," by W. A. Bryan, Nashville, Tenn.; "The Cancer Problem From the Standpoint of the Laity, the General Practitioner and the Expert Surgeon," by Dr. Joseph C. Bloodgood, Baltimore, Md.; "Rural Sanitation," by Dr. J.

A. Ferrell, Washington, D. C.; "Milk Inspection in Cincinnati," by J. H. Landis, Cincinnati. There were symposia on vital statistics, rheumatism in childhood, tuberculosis, uncianariasis, milk, the negro in relation to public health, epidemic cerebro-spinal meningitis, the school child and malaria—all subjects of interest to the South. And of particular interest was the exhibit of the lithotomy instruments Dr. Ephraim McDowell used when he operated upon President James K. Polk, and the instruments used by Dr. Benjamin Winslow Dudley. This exhibit is arranged through the courtesy of Dr. A. H. Barkley.

The Kentucky State Board of Health's hookworm exhibit was one of the most interesting features of the meeting.

Friday, the day after the adjournment, a pilgrimage was made to Danville, Ky., about thirty miles from Lexington, to visit the tomb of the father of Western and Southern medicine and surgery, Ephraim McDowell. In older countries they erect monuments to the memory of men who have served their fellows as did he. His professional descendants would do no less than pay a memorial visit to his tomb on an occasion like this, when they have demonstrated their ability to follow in his footsteps.—Lancet-Clinic.

Miscellaneous.

SUFFRAGETTISM VS. THE MEDICAL PROFESSION.

By Dr. C. R. Shinault.

One might be disposed to wonder just where the suffragette would invade the ranks of our "sacred domain" to our, the male, part of the profession's detriment. And while it may not ever be, it seems that time not inopportune to take the matter under advisement since we fancy we can see the army in the far distance making rapid advancement, and since we are forewarned by that great warrior, John Sherman, that "War is hell," and since, like the Kansas grasshopper or the domesticated billy goat, devouring everything in its wake and awakening everything that it devours which is not in sympathy with what it *promulgates,* and in the goat incident we have even heard of their devouring the *gate,* it behooves us to sit up and take notice.

In this particular, the suffragette of the malignant or militant variety is not unlike the goat of the billy variety, for viewing it from a nonsympathetic standpoint, oftimes called a narrow standpoint, about the only difference between the two "orders" is that one destroys to appease the appetite, while the other appeases the appetite to live to destroy and also to avenge an imaginary wrong, emanating from what they claim a lack of more every day in the year to crowd a little more on our side of the bed and infringe on our rights by insisting upon donning a little more of our male wearing apparel upon rising each morning. Notwithstanding the fact that it was Daniel who was cast into the lion's den, while Adam was made to "climb the pole," and William Putnam, of the later day heroes, threw himself into the den of vicious animals, while Samson slew sixteen thousand of the Phillistines, such feats were never known to be accomplished by woman. Also, Mr. Raleigh condescended to throw his coat in the mud for Queen Elizabeth to trample on, when some other fellow desired to go him "one better," manlike when a woman is in the case, spread his own entire carcas across a branch for some other most beautiful one of the opposite sex to cross on, after, no doubt, she had been trampling *on his* affections for many moons before, it wouldn't surprise me that such ancient gallantry handed down into modern times would cease within the near future if this "malignant" variety of the fair sex does not cease to agitate the agitator pretty soon.

Although I have been keeping myself fairly well informed with regard to the progressive movements of the suffragettes, I have really never become materially concerned as to the bearing it would eventually have on our profession until I saw where Sir Madame Pancake, of London police fame, had mantled her trousers after the fashion of man, having discarded her petticoat and all the subparaphernalia which in the past was usually worn by what was known then as "woman," but soon to be termed "female man," for convenience sake, and had boarded the fastest steamer, having broken off a button from the suspender part of her trousers in an effort to go aboard climbing over others, in her usual way, and was fast on her way to peaceful America to tell our good women why they should not continue to rest in peace—

but to get out and shoulder arms and violate the laws of Nature by subjecting themselves to exposures incident to warfare at times when the most sacred care should be taken of the most sacred of the two sexes lest we have no one soon to shoulder arms. Such alarming maneuvers on the part of those whom I suppose we had erred in thinking they were the weaker sex, physically, in the past is really discouraging and causes us to wonder whether it is the right thing to do, at the very crisis, when a ship is *breaking in two* in mid ocean, to jump out into a whale's jaws, as was the case with Jonah, without taking all the women we could grab with us —that is, if they are dressed in such a way that we can readily discriminate between the sex. After having flattered ourselves for these many centuries that, notwithstanding our many faults, our gallantry in general toward the opposite sex could not be questioned, the announcement that the aforesaid Pancake had sailed unceremoniously in plain civilian clothes of the male variety and of an unpretentious cut—that is, no extra frills or buttons, not even substituting the modern belt for the old-fashioned suspenders —it put me to thinking, and thinking seriously, as to what effect suffragettism of a "malignant" or militant type would have on the masculine part of our profession. It is true that at this time they are so far off that it is hard to calculate just when or at what angle they will strike us; however, we feel like we are sure to be struck somewhere, for they leave nothing untouched, I am told, and I am afraid in our case we will be struck below the belt, somewhere in the gastronomic region, since they say they are not governed by any such thing as Queensbury rules during their bouts, and that the solar plexus region is a favorite resting place for Pancakes; and it is this point which prompted me to take cognizance of just what effect suffragettism would have on our profession, since it comes within our jurisdiction to gain whatever knowledge we can pertaining to the digestive apparatus and its relation to suffragettism, for the time may come when we may have to devour or be devoured. Hence, it is the duty of our profession to learn as much as possible about foodstuff of the modern variety, matters not the kind of stuff, for it is the disposition of mankind in general to stuff too much. For this reason, I am of the opinion that if we can succeed in training all animal kind, including mankind, of an unsuffragette nature to devour rather than be devoured, by assuring them that we have a digestant of a rare kind that will make digestion go easy after a square meal of highly seasoned Pancakes and such like, there will be still hope of our sex in general and of our profession in particular retaining its gallantry for which we have fought, bled and died for all these centuries, or since, you might say, the origin of man, as the Good Book refers to where Adam was forced to climb that pole and partake of the forbidden fruit as the result of a command coming from the opposite sex, which, no doubt, would have caused him to climb two greased poles and take all kinds of hazardous chances as he *wormed* his way through the thorns and thistles that are reputed to entwine such fruit trees of that age. Hence, it behooves the medical profession to immediately take up the study and preparing suffragettes for consumption and digestion, and especially to become very proficient in par-boiling, as it is not usually the young spring pullet variety that is found in their ranks, but the hopeless old maid or the widow of many, many frosty winters. Of course, there are exceptions, for now and then one will find a most beautiful pullet in the flock, such as the Indian Runner, but they usually get there by a semihypnotic delusion and soon cease affiliation for the want of more "fillies." So par-boiling is the word, and should be one of our specialties in the future.—Biloxi, Miss.

NEW AND UNOFFICIAL REMEDIES.

Since publication of New and Unofficial Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Unofficial Remedies:"

Agglutinating Sera for Diagnostic Purposes.—These are the sera of animals (horses) immunized against various bacteria. For use a solution is added to a suspension of the bacterium to be tested, and after incubation for a certain period the mixture is examined.

Agglutinating Serum for the Identification of Bacillus Paratyphosus A.—Intended for use by the macroscopic method. H. K. Mulford Company, Philadelphia, Pa.

Agglutinating Serum for the Identification of Bacillus Paratyphosus B.—Intended for use by the macroscopic method. H. K. Mulford Company, Philadelphia, Pa.

Agglutinating Serum for the Identification of Bacillus Typhosus.—Intended for use by the macroscopic method. H. K. Mulford Company, Philadelphia, Pa. (Journal A. M. A., November 1, 1913, p. 1630.)

Antistreptococcic Vaccine (Scarlatina Prophylactic).—For description of Streptococcus Vaccine

see N. N. R., 1913, p. 226.) The Abbott Aklaloidal Company, Chicago.

Strepto-Bacterin (Scarlatina Bacterin) Polyvalent.—For description of Streptococcus Vaccine see N. N. R., 1913, p. 226.) The Abbott Alkaloidal Company, Chicago, Ill. (Journal A. M. A., November 15, 1913, p. 1811.)

Silk Peptone "Hoechst."—Peptone made from silk and standardized to a uniform rotatory power. It is used for the detection of peptolytic ferments, either by changes in optical activity or by the precipitation of tyrosin produced by its digestion. Parbwerke Hoechst Company, New York. (Journal A. M. A., November 15, 1913, p. 1811.)

Acne Bacterin Polyvalent.—For description of Acne Vaccine see N. N. R., 1913, p. 221. Abbott Alkaloidal Company, Chicago.

Coli-Bacterin Polyvalent.—For description of Bacillus Coli Vaccine see N. N. R., 1913, p. 221. Abbott Alkaloidal Company, Chicago.

Friedlander Bacterin Polyvalent.—For description of Friedlander Vaccine see N. N. R., 1913, p. 222. Abbott Alkaloidal Company, Chicago.

Gonococcus-Bacterin Polyvalent.—For description of Gonococcus Vaccine see N. N. R., 1913, p. 223. Abbott Alkaloidal Company, Chicago.

Pneumo-Bacterin Polyvalent.—For description of Pneumococcus Vaccine see N. N. R., 1913, p. 224. Abbott Alkaloidal Company, Chicago.

Staphylo-Acne-Bacterin Polyvalent.—For description of mixed vaccines see N. N. R., 1913, p. 224. Abbott Alkaloidal Company, Chicago.

Staphylo-Albus-Bacterin-Polyvalent.—Abbott Alkaloidal Company, Chicago.

Staphylo-Aureus-Bacterin Polyvalent.—Abbott Alkaloidal Company, Chicago.

Staphylo-Bacterins (Human) Albus-Aureus-Citreus.—For description of Staphylococcus Vaccines see N. N. R., 1913, p. 225. Abbott Aklaloidal Company, Chicago.

Strepto-Bacterin (Scarlatina Bacterin) Polyvalent.—Abbott Alkaloidal Company, Chicago.

Antistreptococcic Vaccine (Scarlatina Prophylactic).—Abbott Alkaloidal Company, Chicago.

Strepto-Bacterin (Human) Polyvalent.—For description of Streptococcus Vaccines see N. N. R., 1913, p. 226. Abbott Alkaloidal Company, Chicago.

Typho-Bacterin Polyvalent.—Abbott Alkaloidal Company, Chicago.

Typhoid Prophylactic.—For description of Typhoid Vaccine see N. N. R., 1913, p. 227. Abbott Alkaloidal Company, Chicago. (Journal A. M. A., November 22, 1913, p. 1900.)

Arheol.—Arheol is santalol, the chief constituent of sandalwood. Its action is the same as that of sandalwood oil, but is claimed not to cause disturbance of the stomach or the kidneys. Arheol is marketed only in the form of Arheol Capsules, 0.2 gm. Alexandre Astier, Paris, France. (Journal A. M. A., November 22, 1913, p. 1900.)

PROPAGANDA FOR REFORM.

Deafness Cure Frauds.—The name of the deafness cure quack is legion. Some carry an alleged cure for deafness as a "side line," some sell on the mail order plan their worthless "course of treatment," while still others, and these probably are in the majority, dispose of, at an exorbitant price, devices that are trivial, worthless and often dangerous. The following are some "deafness cure" concerns: Dr. L. C. Grains Company (formerly Dr. Guy Clifford Powell), Chicago; Dr. Edward E. Gardner, New York City; George P. Way, Detroit, Mich., and George H. Wilson, Louisville, Ky. (Journal A. M. A., November 1, 1913, p. 1645.)

The Friedmann Cure.—After studying the cases inoculated by Dr. Friedmann at Montreal, Ottawa, Toronto and London, Ontario, a committee of the Canadian Association for the Prevention of Tuberculosis has reported unfavorably on the treatment. (Journal A. M. A., November 1, 1913, p. 1648.)

Trypsogen.—Besides exploiting a clay poultice, "Antithermoline," the G. W. Carnwick Company appears to be chiefly concerned in the promotion of "internal secretion" specialties. Thus it markets the diabetes remedy, "Trypsogen" tablets, said to contain "the enzyme of the islands of Langerhans with the tryptic and amylolytic ferments of the pancreas" along with gold bromid and arsenic bromid; Secretogen Elixir, said to be "prepared from gastric secretin obtained from the pyloric antrum and pancreatic secretin from the duodenum, combined with the enzymes of the peptic glands, and one-twentieth of one per cent HCL;" Secretogen Tablets, said to be "prepared from prosecretin and succus entericus obtained from the epithelial cells of the duodenum, combined with pancreatic extract;" Kinazyme, "a preparation of extract of spleen, reinforced with trypsin, amylopsin and calcium lactate." While great claims have been made for Trypsogen, and while it has been most widely advertised, it is the opinion of the most eminent students of the question that pancreas is not efficacious in diabetes. Trypsogen should be considered as an unscientific shotgun mixture. When the Council on Pharmacy and Chemistry paid less attention to the therapeutic worth of a proprietary preparation, both Antithermoline and Trypsogen were admitted to New and Unofficial Remedies. They were dropped some years ago, when the council revised its rules. (Journal A. M. A., November 1, 1913, p. 1649.)

Radio-Active Waters.—All naturally occurring waters, even rain water, are somewhat radio-active. While the waters of Hot Springs, Ark., have been investigated by the Department of the Interior, this information had been suppressed "for administrative reasons." It is stated only that the waters are "radio-active to a marked degree," a statement which might have emanated from a patent medicine manufacturer. (Journal A. M. A., November 1, 1913, p. 1649.)

"Therapeutic" Names.—Claiming that physicians demand that they be supplied with "a pill for every ill," most pharmaceutical houses supply "Pills Gonorrhea," "Pills Spermatorrhea," "Pills Leukorrhea," "Pills Dysmenorrhea," etc. Therapeutically suggestive names for medicines led to thoughtless use by physicians and to counter-prescribing by druggists. That the use of therapeutic titles is not an economic necessity is illustrated by the fact that E. R. Squibb & Sons are discarding such titles. (Journal A. M. A., November 1, 1913, p. 1650.)

Mouth Washes.—Recent investigations seem to show that adherence of mucin caused decay of the teeth. So-called antiseptic mouth washes and alkaline washes do not remove this mucin, and therefore do not prevent decay of the teeth. The vegetable acids such as fruit juices and diluted vinegar are the most successful agents for the removal of mucin. (Journal A. M. A., November 8, 1913, p. 1718.)

Pennyroyal, Tansy and Other "Emmenagogue Oils."—An examination of the oils of pennyroyal, tansy, savin, rue, thyme, turpentine and of apiol proves that they have no specific or directly stimulating action whatever on the uterine muscles; on the contrary, they prohibit the contraction of the uterus and even paralyze it. If these oils exhibit

any emmenagogue or abortifacient action whatever, it is due to a general constitutional poisoning or gastro-intestinal irritation and not to any specific action in accord with the intent for which they are sometimes administered. (Journal A. M. A., November 8, 1913, p. 1725.)

Mouth Washes.—Such polypharmacy as is represented by the complex solutions, official and proprietary, used as mouth washes, is nonsense. In them the value of useful ingredients is obscured by the useless shrubbery which surround them. A dash of this and a dash of that in these mouth washes or gargles is simply playing to the gallaries. (Journal A. M. A., November 15, 1913, p. 1812.)

The Action of Atophan.—It has been recognized that the administration of Atophan increased the elimination of uric acid and that there was a possibility that a greater production of uric acid is induced by the drug—a result which would scarcely encourage its use in therapy. Recent investigations, however, favor the view that the drug merely stimulates the kidneys to abstract from the blood a greater quantity of the purin end-product than it normally would. (Journal A. M. A., November 15, 1913, p. 1818.)

Baughn's Pellagra Remedy.—A booklet issued for Baughn's Pellagra Remedy, American Compounding Company, Jasper, Ala., suggests symptoms of all kinds as an indication of pellagra. If you have any of these, the inference is that the "grim spector," pellagra, has you in its grasp! Horror is piled on horror in the most approved "patent medicine" style, reaching as a grand climax a description of "the last stages," and closing with the peroration: "And the last stage, till now—the MADHOUSE and DEATH." As the exploitation of this nostrum interfered with the attempts of health officers to eradicate pellagra in Alabama, it was analyzed in the A. M. A. chemical laboratory. The nostrum comes in two forms, capsules and a powder for external use. The capsules were found to contain charcoal, basic iron sulphate and a little quinin. The powder was composed of common salt and basic iron sulphate. (Journal A. M. A., November 15, 1913, p. 1828.)

Regulin.—Regulin is agar-agar (N. N. R., 1913, p. 20), to which some cascara preparation has been added. The product at one time was described in the appendix to New and Unofficial Remedies as follows: A mixture of agar-agar in a dry form with extract of cascara sagrada representing 15 per cent of an aqueous fluid extract of cascara sagrada. (Journal A. M. A., November 15, 1913, p. 1832.)

Waterbury's Compound.—Waterbury's Compound—called Waterbury's Metabolized Cod Liver Oil Compound until the A. M. A. chemical laboratory showed it contained practically no cod liver oil—was one of the proprietary preparations advertised both in "display" form and also in the form of an "original article," in the Army and Navy Medical Record—a fraudulent publication that offered its editorial pages for sale. Physicians are now receiving from the Waterbury Chemical Company a reprint of what purports to be an editorial from the Army and Navy Medical Record, entitled "One of America's Most Valuable Preparations." The preparation, of course, is "Waterbury's Compound." (Journal A. M. A., November 15, 1913, p. 1830.)

Sensitized Virus-Vaccine.—Besredka asserts that the injection of living germs sensitized in certain ways produces a more substantial immunity and greater production of antibodies than the injection of germs killed by heat or in other ways. In apes sensitized typhoid bacilli gave absolute protection, causing no fever and no reaction, while killed bacilli failed to protect adequately. As a result of these experiments a number of "sensitized virus-vaccines" have been prepared and the antirabic vaccine used in France is now a sensitized virus. Before the employment of the sensitized typhoid virus-vaccine can be considered, much evidence must be produced that there is no danger of producing typhoid carriers and that this vaccine gives any better protection than the vaccines now in use. Similar objections hold against other vaccines of this kind, and at present the obstacle to the use of such living germs for protective purposes would seem to be quite impassable. (Journal A. M. A., November 15, 1913, p. 1814.)

Berledets.—This is an anti-fat remedy sold under the claim that dieting and exercise are unnecessary, but the directions for which recommends moderation in diet and free exercise. Examination in the A. M. A. chemical laboratory showed the nostrum to consist of tablets, each containing about nine grains boric acid, along with corn starch and milk sugar. It is evident that Berledets will cure obesity only by seriously interfering with digestion. (Journal A. M. A., November 22, 1913, p. 1917.)

The Morley Ear-Phone.—The Morley Invisible Ear-Phone, Morley Company, Philadelphia, Pa., is nothing more or less than the old, well-known Toynbee artificial drum-head. It consists of a circular piece of oiled silk about one-quarter inch in diameter through the center of which a piece of silk thread has been passed, for the purpose of holding the oiled silk in position. A small piece of flexible tubing comes with it to aid in inserting the device in the ear. The indiscriminate sale of a device of this sort, especially at exorbitant prices and under fraudulent claims, is not merely an injury to the purse, but a distinct menace to the health of the deaf. (Journal A. M. A., November 22, 1913, p. 1919.)

Veroform Germicide Omitted From N. N. R.—Veroform Germicide is described in New and Unofficial Remedies, 1913. It is a formaldehyde soap solution, containing 20 per cent of formaldehyde. The report of the United States Public Health Service on commercial disinfectants having shown Veroform Germicide to have a phenol coefficient of but 0.43, the manufacturers of the preparation were asked to present evidence to justify the term "germicide" in the name and the claim that it has more bactericidal effect than phenol. As the Veroform Company produced no evidence to substantiate the questioned claims, the Council on Pharmacy and Chemistry voted to omit the preparation from New and Unofficial Remedies. (Journal A. M. A., November 22, 1913, p. 1920.)

Pulmonol.—Pulmonol is a consumption "cure" put out by the Pulmonol Chemical Company, New York. As always in the case of consumption "cures," the testimonials issued may be divided into two classes, those who really had tuberculosis and those who did not have it. Investigation of some of the testimonials given some time ago generally show that those who relied on the nostrum are dead, while those who got well never had tuberculosis. Examination in the A. M. A. chemical laboratory indicated that each fluid ounce of Pulmonol was approximately equivalent to 29 gr. of potassium guaiacol sulphonate, 10 gr. of sodium benzoate and 1-24 gr. of strychnin sulphate. (Journal A. M. A., November 29, 1913, p. 1998.)

District Societies.

FIRST DISTRICT MEDICAL SOCIETY.

The First District Medical Society met in regular session in the Y. M. C. A. building in Jonesboro, Tuesday, October 21, 1913. In the absence of the president, Dr. B. F. Walker, the meeting was called to order by the councilor, Dr. M. C. Hughey.

Drs. J. P. Lunt of Leonard, B. Buckman of Dee, J. Wilson Ramsey of Jonesboro, Olive Wilson of Paragould and M. C. Hughey of Rector contributed papers to the morning session.

Election of officers for the ensuing year took place just before adjournment at noon, with the following results: President, Dr. R. H. Willett of Jonesboro; vice president, Dr. Swindle of Walnut Ridge; secretary-treasurer, Dr. Olive Wilson of Paragould.

At noon a sumptuous dinner was served at the Warner House.

The afternoon session was called to order by the president, Dr. B. F. Walker.

"The Use of Local Anesthesia in Five Hundred Major Surgical Operations" was the title of a paper by Dr. J. A. Crisler of Memphis.

Dr. R. F. Kenton, also of Memphis, gave us a paper on "The Etiology, Pathology and Symptomatology of Pericolic Membranes and Coloptosis."

The next paper, by Dr. John L. Jelks of Memphis, "The Report of a Case of Coloptosis, Colitis, Pericolitis, Obliterated Appendix and Other Pathological Conditions," closed the program.

We had expected Dr. Byree W. Fontaine, but a telegram, received early in the day, stated that he was unavoidably detained.

Olive Wilson, Secretary.

County Societies.

CARROLL COUNTY.

(Reported by Dr. R. H. Huntington, Sec'y.)

Eureka Springs.—The Carroll County Medical Society met October 23, at Berryville. Members present: J. W. Poynor, E. E. Poynor, I. M. Poynor, W. A. Harvey, C. A. George, J. B. Mathais, W. D. Ezell and R. H. Huntington.

Dr. J. M. Watkins was elected to membership.

The scientific session was as follows:

1. "Pathology of Typhoid Fever," by J. W. Poynor, M. D.

In entering upon the discussion of pathology of typhoid fever or any other disease, it is necessary for us to consider the definition of the term we are to discuss. Pathology is defined as a passion or a course in disease that will explain the physiological symptoms produced. Therefore, it is necessary to the understanding of the many and complex symptoms of typhoid fever to know something of the causes that produce them. Reasoning from cause to effect, or rather from effect to cause, we find that the pathology of typhoid fever is caused by a specific infection due to the bacilli of Eberth. This infection affects in some degree, almost the entire physical economy. Beginning in the mouth, the entire alimentary canal is affected, together with the accessory organs of digestion, kidneys and blood.

Taken in the order in which the infection usually manifests itself, the patches of the Peyer lying near the cecum are the first to show the ravages of the disease, which is shown by a congested and swollen condition of these glands, resulting sooner or later in ulceration and sloughing. This often causes alarming hemorrhages in the second or third week of typhoid fever. Not only this, but if the ulcer continues to slough and deepen, perforation is liable to follow, which is sure to result in peritonitis and death, if surgical interference is not speedily invoked. As the ulcerative process continues both by continuity and contiguity of tissue, many toxines are developed, which soon affect in some degree almost the entire physical economy. The spleen, the heart, the liver, the kidneys, the lungs, the brain and nervous system, and even the blood stream is affected, which results in a general toxemia.

The kidneys are swollen, cloudy, and the cortex soon becomes granular. The organ is somewhat increased in size, owing to its congested condition, and resulting infiltration. The kidney may break down as the result of miliary abscesses. The typhoid bacilli are also found in the kidneys as well as in the urine, which condition is called bacilluria. Albumen is also found.

The lungs are congested and hypostatic pneumonia often results. Gangrene does sometimes, though rarely, occur.

Heart lesions, such as endo- and myocarditis, frequently occur as the result of fatty degeneration of the muscular fibers. The heart becomes flabby, soft and weak. The softening is sometimes extreme, so much so that it sometimes collapses of its own weight after having been removed at autopsy.

The spleen is swollen, congested and enlarged to the extent that it is palpable below the margin of the ribs, at the beginning of the second week. It is so friable that spontaneous rupture has been known to take place in several instances. This is due, no doubt, to granular degeneration of muscular tissue.

The brain, after a short period of congestion, becomes somewhat anemic. The arachnoid and subarachnoid spaces being filled with fluid, meningitis sometimes occurs. The parenchyma is very rarely affected.

The typhoid bacilli reach the blood through the lymph channels and result in bacillemia, or bacteriemia. Thrombosis of the femoral veins is a rather common occurrence. In a case which came under my observation last August, both femoral veins were affected in this way, first the right and then the left. This is contrary to the general rule, as the left is usually the first affected. This case was of special interest, because there were thrombi in both femoral veins, and almost a collapsed heart at the beginning of the seventeenth day. The patient died on the eighteenth or nineteenth day of the disease.

Metastatic abscesses of the parotid gland and of the testes in the male, and the summary glands in the female, may and do often occur. Even the bones do not escape the ravages of the disease.

2. "Differential Diagnosis Between Variola and Varicella," by W. A. Harvey, M. D.

In discussing the differential diagnosis between these two diseases there is not very much to be written. As I understand the purpose of this paper is to discuss the signs, symptoms and points that are peculiar to each disease.

Theoretically, the diagnosis is easily made, but not so easily in actual practice. If all the cases were typical, each case presenting normal symptoms, we would have but little trouble in our diagnosis; but it is in the atypical cases that sometimes we find it difficult to give a true diagnosis, and especially so at an early stage when we are frequently called upon to do.

The existing epidemic in a community and history of exposure are important features to be considered.

In varicella, the mild constitutional symptoms are notable in contrast to the more severe ones in variola. In the latter the greater intensity of onset, prolonged period of invasion and the more frequent occurrence of prodromal rashes are important points in the diagnosis.

The appearance and character of the eruption is of diagnostic value. However, many times it is misleading, especially so in the discrete form of variola. The eruption in varicella rarely, if ever, is confluent.

In the one, varicella, the eruption more often appears on the trunk, while in variola its first appearance is on the forehead and face. In varicella the eruption appears in successive crops of short duration and all stages of the eruption may be seen at one time on a certain region, a condition rarely, if ever, seen in variola. The eruption in varicella is more superficial and is without the marked red areola which is characteristic of the eruption in variola.

In varicella the individual eruption appears first as raised red papules, which early transform into vesicles containing a clear or turbid fluid, which rapidly turns into a pustule. As a rule, there is no umbilication as there is in variola, but the pustules are often flattened. The rapid transformation from papules to vesicles and pustules is especially characteristic of eruption in varicella.

GREENE COUNTY.

(Reported by Dr. Olive Wilson, See'y.)

The Greene County Medical Society met in regular session December 3.

In the absence of the president, Dr. Majors called the meeting to order. Members present: Dr. George Cohn of Lafe, Dr. W. A. Majors of Walcott, Dr. M. C. Graham of Gainesville, Tyner, Scott, Baker, Hopkins, Owens, McKenzie, Chapman, P. L. Dickson and Olive Wilson.

Dr. P. L. Dickson read a very instructive paper on the "Vaccines."

Election of officers for the ensuing year: President, Dr. E. S. Baker; first vice president, Dr. F. J. Chapman; second vice president, Dr. M. C. Graham; secretary-treasurer,

Dr. Olive Wilson; delegate, Dr. P. L. Dickson.

MILLER COUNTY.

(Reported by Dr. L. J. Kosminsky, Sec'y.)

Texarkana.—The Bowie and Miller County Medical Societies wish to announce the following joint scientific program for January."

"Epithelioma and Treatment," by Dr. H. R. Webster, Texarkana.

"Gastric and Duodenal Ulcers," by Dr. G. C. Abel, Texarkana.

"Nephritis," by Dr. J. C. Creamer, Nashville.

"Cancer of Uterus," by Dr. E. L. Beck, Texarkana.

"Cerebro-Spinal Meningitis," by Dr. Sam C. Ball, New Boston.

"Typhoid Fever," by Dr. J. C. Cook, Garland.

PULASKI COUNTY.

(Reported by Dr. W. T. McCurry, Sec'y.)

Little Rock.—The Pulaski County Medical Society met in this city December 1. The scientific program was as follows:

"Inflammations of Skene's and Bartholin's Glands," by Dr. M. D. Ogden.

The following officers were elected for the ensuing year: President, Dr. A. E. Harris; vice president, Dr. J. B. Dooley; secretary, Dr. W. T. McCurry; treasurer, Dr. William R. Bathurst.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Sec'y-Treas.)

Pine Bluff.—The Jefferson County Medical Society met in this city December 2. Members present: Drs. Breathwit, Troupe, Luck, Jordan, McMullen, Woodul, Stewart, Spylliards, Crump and Palmer.

The annual election of officers resulted as follows: President, Dr. T. W. Woodul; vice president, Dr. E. C. McMullen; secretary and treasurer, Dr. J. T. Palmer; delegate to the State Society, Dr. E. C. McMullen; alternate, Dr. J. T. Palmer.

Book Reviews.

The Art of Medicine and other addresses, papers, etc., by Isadore Dyer, Ph. B., M. D., professor of diseases of the skin, and dean School of Medicine, Tulane University of Louisiana; editor New Orleans Medical and Surgical Journal, New Orleans, La. Published by J. A. Majors Company, New Orleans, La. Cloth; 208 pages. Price, $2.00.

This book contains a number of addresses and papers, many of them delivered before medical societies.

As has been said by another, these productions of Dr. Dyer's pen afford an opportunity to thousands to enjoy the brilliant essays and poems so characteristic of this Holmes of the South.

The last article in this book is entitled "The Physician in the Human Comedy," and closes by saying:

"When the final history of the world is written the physician will stand alone in the variety of his economic usefulness, his field of art, yet touching at all times the toga of the citizen, the robe of the priest, the periwig of the advocate, the scarlet of the judge, the mask of the executioner—each shadowing his life with the mixed bitterness of reproach at the limitations of his ability in the midst of so great a field of labor and of so large possibilities of accomplishment, while always the whisper of the succored child, the prayers of the convalescent and the glory in sharing the salvation bring the ray of light which lends the soft harmony of gentleness which should be the signal standard of the true physician, as, at the end, he stands a sad and thoughtful actor in the human comedy."

Obstetrics.—A manual for students and practitioners, by W. P. Manton, M. D., professor of obstetrics and clinical gynecology, Detroit College of Medicine, Detroit, Mich. Second edition, revised and enlarged, including selected list of State Board examination questions. 12mo, 292 pages, with 97 engravings. Cloth, $1.00 net. Lea & Febiger, publishers, Philadelphia and New York, 1913.

This little volume fills admirably the twofold purpose for which it was created, namely, a convenient manual by which the physician can quickly refresh his memory, and an excellent means by which the student can review his course on obstetrics in preparing for examination.

The questions appended to each chapter will be found a strong mental stimulus. The book is exceptionally well illustrated, and is typographically all that could be desired.

Essentials of Prescription Writing.—By Cary Eggleston, M. D., instructor in pharmacology, Cornell University Medical College, New York City. 32mo of 115 pages. W. B. Saunders Company, 1913. Cloth, $1.00 net.

This book is written to provide the medical student with a succint, yet sufficient treatise on the subject of prescription writing.

A study of its contents will inform you how to construct a grammatic and proper prescription to fill any need.

SNODGRASS HOSPITAL

(Formerly the Physicians and Surgeons' Hospital)

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I wish to announce that I have leased and refurnished the Physicians and Surgeons' Hospital, and say that every department will be brought up to the highest plane of hospital efficiency.

The Hospital Will Be Open to All Reputable Physicians.

The operating room will be in charge of a corps of trained assistants. One wing of the building has been equipped for an obstretrical department. If you have any patients who wish to enter a hospital for confinement, we will take care of them for you.

GOOD HOSPITAL SERVICE ASSURED

Patients suffering from a contagious disease will not be received.

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Original Articles.

MORBIDITY REPORTS—THEIR IMPORTANCE TO THE LOCAL HEALTH OFFICER AND HIS WORK.*

By John W. Trask,
Assistant Surgeon General,
United States Public Health Service.

The public health is second in importance only to the honesty and integrity of the people—if it is second to even those—for it is undoubtedly true that the honesty and integrity of a community or race depend in no small measure upon its health. Upon the health of a people depends also their prosperity. Modern life is in large measure competitive, and the sick cannot hope to compete with advantage against the well.

You, the local health officers of Arkansas, are the men upon whom depends in large part the protection of the health of a state. You have a State Department of Health in charge of an able man who has made a study of health administration, but in the end he must depend largely upon you for whatever success may be attained in state health work. You are in reality a part of the machine that has for its work the prevention of disease in the State of Arkansas. As the health of each of your communities depends upon the health of all the individuals in it, so the health of the state depends upon the health of its various cities and counties. You are the men upon whom fall the duty and responsibility of preventing disease in your respective cities and counties. The State Health Department cannot do it for you unless it displaces you and acts in your stead. You are essentially a part of the state health organization, and must share in the credit for its success and in the blame for any failures there may be. You have responsibilities to your respective communities, but your responsibilities to the state are just as great, for disease is no respecter of city or county boundaries, and the welfare of the state depends in a measure on health conditions in each of your cities and counties.

These statements apply not only to Arkansas and its local health officers, but to every state in the Union and to the local health officers of every state.

The work of the State Health Department, and your work as part of the department, is the prevention of disease. In preventing or controlling any disease, the first thing that must be done is to find whether the disease is present, where it is, and under what conditions it is occurring. This is true, whether the disease is yellow fever or malaria, smallpox or typhoid fever, trachoma or tuberculosis, ophthalmia neonatorum, or any of the industrial diseases.

The only way in which the health officer can learn when dangerous diseases are present and where preventable diseases are occurring is by having physicians report the cases they find. Physicians go into the houses of the sick and in that way know what diseases are present. The health officer does not see the sick as the physician does, and he must therefore depend upon the latter for his information as to what diseases are present, and where they are. The satisfactory control of disease is impossible without the physician's co-operation in this way.

Every practicing physician is therefore a working part of the Health Department. He has a responsibility he cannot avoid without doing injury to the community and likewise to the families to which he is the medical adviser, for these families are part of the

*An address delivered before the First Annual Conference of Sanitary Officers of Arkansas, held at Little Rock, Ark., October 28-29, 1913.

Published November 28, 1913, Public Health Reports, United States Public Health Service.

community which suffers by his neglect. Practicing physicians are the skirmish line and the pickets of the Health Department, upon whom falls the duty of giving information of the presence of the enemy, the appearance in the community of cases of those diseases which it is the duty of the Health Department to control.

The work of the health officer has been undergoing a rapid change. Not so many years ago the duties of the health officer were limited to attempts to control only the graver diseases which were occasionally epidemic, such as cholera, plague and yellow fever. The work of the Health Department has grown with the increased and more definite knowledge of the causes of disease which has been obtained during the last thirty years and to which additions are being constantly made.

Disease is now known not to be due to odors or decaying vegetation, to vapors from stagnant pools or to the breathing of sewer gas. Disease is known to be due either to living organisms which are spread from individual to individual by contact or by other means, or to improper conditions of living.

The work of the health officer is the prevention of disease in so far as we have knowledge as to how the disease can be prevented. His activities, therefore, are limited to the control of the preventable diseases, which, due to our increased information regarding diseases and the manner in which they are spread, is a broad field.

In the control of disease, the first thing the health officer must know is what diseases are present, where the cases are, and under what conditions they are occurring. Without this information he is practically helpless. He cannot control diseases unless he knows whether or not they are present, and when he knows what diseases are present he is still in large measure helpless until he knows where and under what conditions cases are occurring. If the community is to receive proper protection, the health officer must know of the occurrence and location of cases of the communicable diseases, for each case constitutes a focus from which the disease may spread to others. No one would attempt in this day and age to control scarlet fever in a town or city unless he had some means of knowing of the cases that were present, nor would he attempt to control diphtheria or yellow fever without information of existing cases. A knowledge of the occurrence of cases is just as necessary to the health officer in controlling typhoid fever or tuberculosis.

The necessity for a knowledge of the occurrence of cases in the prevention of disease is not limited to the communicable diseases. This knowledge is equally required in maladies due to improper living or working conditions. Many states are now attempting to prevent what are known as the industrial diseases and particularly the industrial poisonings, such as lead poisoning. To prevent these it is necessary to have the cases that do occur reported, for each case so reported shows the existence of conditions capable of producing the disease—conditions that should be remedied and usually can be.

In fact, attempts at the control of any disease will be in large measure ineffective unless based upon and controlled by case reports.

In health administration, morbidity reports—that is, reports of cases of sickness—serve several purposes, which may be briefly stated to be as follows:

1. In the communicable diseases morbidity reports show the occurrence of cases which constitute foci from which the disease may spread to others, as in scarlet fever, typhoid fever, tuberculosis or yellow fever, and make it possible to take proper precautions to protect the family of the patient, his associates, or the community at large.

2. In some diseases morbidity reports make it possible to see that the sick receive proper treatment, as in opthalmia neonatorum, diphtheria, and, in certain cities, tuberculosis. The reporting of cases of opthalmia in the new-born makes it possible to save the sight of some infants who would otherwise not receive adequate treatment until after much damage had been done. In diphtheria the Health Department can be of service in furnishing antitoxin. Some cities furnish hospital or other relief to consumptives who would otherwise be without proper treatment.

3. In diseases that are not communicable, such as those due to occupation or environment, reported cases show the location of conditions which are causing illness or injury. This makes it possible to remedy the faulty conditions, so that others may not be similarly injured.

4. In certain diseases, of which the cause or means of spread is unknown, morbidity reports show their geographic distribution and varying prevalence, and the conditions under which cases occur. This information

has great potential value in attempts to ascertain their causes and means of spread.

5. Reports of the occurrence of disease are necessary to show the need of certain sanitary measures or works and to control and check the efficiency of such measures or works when put into operation. In pulmonary tuberculosis such reports show the number of consumptives in the community and the need of sanatoria. In malaria they show the prevalence of the disease, the need for drainage and other anti-mosquito work, the efficiency of such work when in operation, and when a change in the prophylactic measures or additional ones are necessary. In typhoid fever they show faults in the water supply or in the control of the production and distribution of milk or in the disposal of excreta in special localities.

6. Morbidity reports, when recorded over a period of time and properly compiled, become a record of the past occurrence of disease. They show the relative prevalence of disease from year to year and under varying conditions. They show the effect of the introduction of public health measures and of sanitary works. They give a history of disease not obtainable in their absence.

To do efficient work as health officers, you will need to know at all times which of the preventable diseases are present in your respective communities, and how prevalent they are, and, when you get down to the work of really controlling any one of them, you will immediately want to know where the cases are.

The state has made it possible for you to have this information by requiring that physicians shall report to you all cases of certain diseases coming to their knowledge. The enforcement of this measure, however, in your respective counties and cities has been placed in your hands, so that you, and you alone, are to blame if the cases are not reported and you do not know at all times the status of these diseases within your jurisdiction. In securing these reports you will have the co-operation of every law-abiding or public-spirited physician practicing in your city or county. The people of Arkansas have, through their legislature and State Board of Health, made it a misdemeanor for a physician to fail to report to you every recognized case of certain designated diseases among his patients, and have fixed as a penalty for such failure a fine of not to exceed $100.00, or imprisonment for not to exceed one month, or both fine and imprisonment.

This penalty is intended, of course, only for those who would not otherwise obey the law, and there should be few physicians requiring its application. Every intelligent physician will readily understand that these reports are necessary for the proper protection of his own patients as well as the community in general. He will also not want to be responsible for neglecting to report his cases of scarlet fever, diphtheria and tuberculosis, for he will know that if others contract the disease from those unreported cases he is probably responsible, and not only responsible for the cases, but for any deaths there may be among them. Every physician has a number of families who look to him as their medical adviser. His failure to report a case of a communicable disease in one of these households may result in the infection being spread, directly or indirectly, to other households among his clientele. His own patients would therefore suffer by his neglect and he would be true neither to his patients nor to the community, besides being a criminal in the eyes of the law. He would be violating the spirit of his ethical code and his citizenship.

You should, and undoubtedly will, receive the sincere co-operation of every physician worthy of your respect, and we trust that there are none otherwise in the State of Arkansas.

For the same reason that the practicing physician should report his cases of the notifiable diseases to you, you should report the cases occurring in your city or county to the State Department of Health. The State Health Department should at all times have information of the occurrence and relative prevalence of the preventable diseases throughout the state. If you fail to give this information to the State Health Department, you are as culpable as the physician who does not report his case to you. In fact, you are probably more to blame, because you should more thoroughly realize its importance. It is only when the State Department of Health knows of the status of disease throughout the state that it can fulfill its proper functions. The reports derived from the various cities and counties make it possible for your state health officer to know when there are threatened epidemics and to notify you, so that you can take necessary measures to protect your respective communities. They enable him to know when disease is unusually prevalent and when extraordinary measures are indicated. It enables him also to keep you informed, by

printed bulletin or otherwise, of the prevalence of disease in your vicinity and throughout the state; for it is important in your work that you know of the prevalence of disease in neighboring localities as well as in your own.

Your state health officer and you, as adjuncts of the State Health Department, will be interested in knowing of the occurrence of epidemics and the general prevalence of the preventable diseases in adjoining states. This will be of value in giving you early information of approaching epidemics, and will also enable you to compare the prevalence of disease in Arkansas with that in other states. For this purpose the health authorities of the several states in conference with the Federal Public Health Service adopted a plan whereby the State Health Departments that have the information report regularly to the Federal Public Health Service the reported prevalence of disease in their respective states. These reports are published in the Public Health Reports and sent to all persons engaged in health work who request it.

In conclusion, allow me to repeat that the success of your administration and the amount of protection you are able to give to the health of your respective cities and counties will depend largely upon the extent to which you know what preventable diseases are present, their prevalence, and the conditions under which the cases are occurring; that this information can be obtained only through reported cases; that it depends upon you more than anyone else as to whether you will have this knowledge.

SOLID COMFORT IN THE STORM BINDER.

As any physical depression is apt to be accompanied by increased nervousness, the dread commonly noted among those for whom an abdominal supporter or other binder is indicated is but natural to be expected.

Dr. Katherine L. Storm of Philadelphia has been fortunate enough to devise a binder and supporter which can be worn comfortably by those nervously depressed. This is a very great advantage, and one which physicians will readily appreciate.

No whalebone or rubber elastic are used in this appliance.—(Reprinted from Monthly Cyclopedia and Medical Bulletin, October, 1913.)

THE FARMER'S VIEW OF SANITATION.*

By A. D. McNair,
Agriculturist,
Little Rock.

It is, perhaps, unwise to select an entire class of people and say of them that they have, as a class, any particular view of politics, religion, sanitation or anything else. Such sweeping generalizations are almost sure to be untrue or to contain so much of error as to mislead. Farmers are not all of the same grade of intelligence, nor do they all have the same standards of morals, industry, cleanliness or sanitation. It is, indeed, true that, owing to the environment in which they have grown up, they have different standards of some things from those held by city people. In the matter of sanitation they are not prodded by the criticisms of their neighbors as city people are, and this is for the very good reason that the unsanitary conditions of houses, yards, barns, wells, cisterns, etc., are rarely a menace to their neighbors because of the distance that intervenes between farmhouses. If, therefore, the sanitary conditions of a farm are bad, there is no operative force of public opinion to change them, unless they are so palpably bad as to invite the criticisms of passersby. Such conditions are therefore likely to persist until some sickness or death brings home to the people concerned their imminent danger. Even then it may not do so, because people frequently ascribe their sickness to the wrong cause.

There is another condition of country life that has a tendency to dull the farmer's sensibilities to unsanitary surroundings, which condition is the presence of considerable quantities of the manure of domestic animals which accumulates in stalls or is thrown out in heaps in the barnyard to be rained on and to make the yard filthy. In cowlots, or the small lots where farmers milk their cows, many of them clean up the freshly dropped manure every day and throw it into a square inclosure made of rails until several wagon loads have accumulated, when it is removed and put on the fields. It is a singular thing that whereas most farmers dislike the work of hauling and spreading ma-

*Read before the First Annual Conference of Sanitary Officers of Arkansas, held at Little Rock, October 28-29, 1913.

nure on account of its nastiness, they are nevertheless content to let much of it accumulate under foot where it is an ever-present filth and a possible source of contamination. Better and more sanitary methods of handling manure are much to be desired, and a campaign of education ought to be conducted on this subject. The extra expense of caring for manure on farms in a sanitary manner would probably pay for itself even from the standpoint of getting the most value out of it as a fertilizer. The Ohio experiment station has conducted experiments in feeding steers on concrete floors versus dry earth floors, using bedding materials in each case, and they have apparently proved that the greater amount of manure saved on concrete floors is worth more than enough to pay for the concrete.

The same dislike which the farmer has for the work of hauling out manure is shown in an intensified form for the work of removing human excrements, and these are allowed to accumulate in closets until the condition is scandalous; or, in cases where there is no outhouse, the soil is polluted for considerable distance in the rear of houses. The number of farmhouses without a closet of any kind is not a pleasant commentary on the intelligence or the enterprise of our own people. Whether closets, where they are used, are worse in the country than in small towns, I very much doubt. Their condition even among prominent citizens and at reputable hotels in small towns beggars description and is a stench to the nostrils as well as a disgrace to civilization.

THE LOCATION OF WELLS.

In locating wells on farms there is usually little or no regard paid to the sanitary conditions. On most of the smaller farms the farmer tries to economize by making one well do for the family and for the live stock, and this would be all right if it were located where it received no contamination from the one or the other; but as a matter of convenience it is customary to have the well near the house and to have the farmyard adjacent to the same, so that water may be pumped or lifted from the well and poured into a trough from which the stock may drink. The nearness of the well to the barnyard or to the contamination emanating from the house is a prolific source of disease, and yet the fact is not recognized by a majority of farmers. In a county adjacent to Little Rock a farmer recently told me that he sold a certain farm because his family had poor health while living there, and he added that the family living on the same farm this year has had several cases of typhoid fever, so that there has been continuous sickness all summer. On questioning him concerning the location of the well, he said it was in a depression between the house and the barn, from which it is quite evident that it received drainage from both directions, and possibly contamination from both places.

Another case which I recently saw in an adjacent county is not only interesting in itself, but throws light on the farmer's view of sanitation. A certain one-horse farmer, which means, of course, that he was a poor farmer or he would not have been content to farm with one horse, had two sons sick with the typhoid fever during the summer, which meant ten weeks' lost time for each son and about half that time for the father, who cared for them. Also, two of the neighbors lost more or less time in helping the afflicted family. From information furnished by the father I estimate that the cost of this sickness in lost time and doctor bills amounted to $250.00, and yet this man had, previous to this time, felt himself so poor that he thought he could not afford to buy a second horse. I looked over these premises carefully to note the location of the well with reference to barnyard and outhouse, and found the well within six feet of the barnyard fence and at a lower level than much of the barnyard. I asked where the outhouse was located and he said they had none, that the landlord did not provide one, and that he would not put a permanent improvement on another's man property. I suggested to him that perhaps the typhoid came from drinking water out of that well, but he and his entire family were inclined to think differently. They said the boys went on a fishing trip several miles away and drank from a certain spring, and they seemed more inclined to attribute the typhoid to the spring water than to the well water. A neighbor boy who stopped every afternoon on his way home from school drank from the well and he came down with the same fever, but as this boy went on fishing trips with the others and drank from the aforesaid spring, it was assumed by this farmer that he, too, got his typhoid fever from the spring. Of course, I cannot say what was

the bacterial purity or impurity of the water in either the well or the spring, but the conditions surrounding the well were so bad that it is more than likely that the disease originated from this source. To attribute it to a remote cause when such bad sanitary conditions obtained at home seemed far fetched in the absence of definite bacteriological investigation. The attending physician with whom I talked about the matter expressed the definite opinion that the well water was responsible for the disease.

The old grandmother said that if she thought the typhoid fever came from the well she would not live there another day, which was equivalent to saying that she did not believe it originated in the well. The father of the family, discussing the possibility of the well water being the source of the disease, said that even if it were true, he could not afford to dig another well in another place, because the farm did not belong to him; but he made the suggestion that the location of the barnyard might be changed.

The condition of this place and the sickness that doubtless arose from them, together with the conditions that exist on many farms, raise the question of the responsibility of the landlord for the sanitary condition of his farm. There is no such responsibility at the present time in the legal sense, and it is not likely that farmers themselves would stand for legislation covering this subject. Their standards of sanitation are not high enough to demand these things. Education must precede legislation, at least in this matter, though it is an undoubted fact that legislation is frequently the means of education.

PROGRESS IN RURAL SANITATION.

Having described certain unsanitary conditions on farms and having given reasons why the standards of rural sanitation are low, I desire to present the more pleasing picture of recent progress. The "swat the fly" campaign has had some effect even in the remotest rural districts. Marked progress has been made in screening houses, though, of course, there is much yet to be done. Porches, too, are screened in a limited number of cases and there is a growing fear of both flies and mosquitoes. One farmer recently said to me: "There has been so much said and written about flies carrying contagion that I am afraid of them." He was, of course, a reading farmer and much above the average; but it shows that the systematic campaign that has been carried on through the press is showing its effect. The same farmer who expressed his fear of flies travels much over his county, and he says there is undoubted progress being made by farmers in the matter of cleaning up their places.

MORE EDUCATION NEEDED.

While the progress that has been made is encouraging, it should only stimulate us to greater efforts to educate people in city and country to higher sanitary standards. It is inevitable that undiscriminating people, and most people are undiscriminating, should misunderstand much that has been written concerning flies, mosquitoes, etc., and the application of the germ theory of disease in special cases. Having heard that mosquitoes carry the germs of malaria, the average man will naturally think of the fact that practically everyone has been bitten by mosquitoes, and he will say, mentally, even if he does not say it out loud, that according to the theory everyone ought to have the malaria, and that since everyone does not have malaria, the theory cannot be true. I say that such misunderstandings are inevitable, but they can be corrected by explanations, and it is only a matter of time when all people in city and country will accept them. Instruction in the public schools on matters of sanitation is undoubtedly a very effective way to educate the community, and we may be sure that when the present school children have become the leaders of the community, farmers and townspeople alike will have higher standards of sanitation than they now possess.

WHY SCHOOL CHILDREN SHOULD BE VACCINATED.*

(Regulation 125.)

By O. L. Williamson, M. D.,
Marianna.

At first thought it might occur to some that the discussion of vaccination before a body of reasonably intelligent physicians would be a waste of time, but as there has always been and, still exist, considerable opposition to vaccination on the part of certain individuals, and an indifference on the part of some members of the profession in the matter of enforcement, it has seemed proper

*Read before the First Annual Conference of Sanitary Officers of Arkansas, held at Little Rock, October 28-29, 1913.

to present the subject at this, the first meeting of our sanitary officers. It is a subject that is being discussed throughout the state and one that is going to present us with many perplexing problems. It is our desire, not only to awaken the health officers to a realization of their responsibilities, but to arouse the medical profession of the state, so that there can exist no uncertainty on the part of the public as to our position in the matter of vaccination. Just at this time, when the State Board of Health is struggling with the vaccination of school children, it is particularly important that the medical profession present a solid front. Lack of emphasis on our part will be construed by the public as indicision or lack of confidence in the efficacy of vaccination. It is our duty to post ourselves thoroughly on the subject in order that we may combat the arguments of the anti-vaccinationist. We cannot convince the public with casual remarks or unsupported statements. Facts and figures will be demanded and we must be in position to supply them.

Acting upon the suggestion of the secretary of the State Board of Health, I have gathered such reliable statistics as I could in a short time, which I will present to you, together with some arguments that I have prepared to meet the opposition of anti-vaccinationists. I hope that these facts and statistics will be of some use to you in your work of educating the public.

Those who are opposing the vaccination of school children contend, first, that it is unnecessary; second, that it does not protect against smallpox; third, that it is dangerous, and fourth, that it trespasses the rights of the individual.

They state that it is unnecessary, because smallpox is now rare; that the few cases that do occur are very mild; that people of the better class are not likely to contract smallpox, and that improvement in sanitation will prevent it.

As a matter of fact, smallpox is not rare. It occurs annually in nearly every state in the Union. United States Health Report, Vol. 26, No. 10, tabulates 5,640 cases that occurred in thirteen states between January 1 and March 3, 1911. As comparatively few states record vital statistics, it is reasonable to suppose that thousands of cases occur each year that are never reported. We know, for instance, that many cases have been treated in Arkansas every winter for years, and none of these cases have been reported to state or national authorities.

The fact that smallpox is sometimes mild does not lessen the necessity of preventing it. Even mild cases are not desirable, and all authorities agree that serious and fatal cases are frequently contracted from mild ones. I have seen four medical students die of smallpox contracted from an out-door patient whose symptoms were so slight that he had escaped the notice of the health officers of New Orleans.

The reason that smallpox occurs more frequently among people of the lower class than it does in the upper strata is not so much because of personal habits and social position, but because the majority of intelligent people are vaccinated, while the ignorant and superstitious of the lower class are not. None of us are so clean or aristocratic that we are beyond the reach of this obnoxious disease. It is no respecter of persons. It killed William the Second of Orange, Emperor Joseph the First of Austria, Louis the Fifteenth of France, Queen Mary, the Duke of Glouchester, the Duke of Burgundy, Peter the Second of Russia, Henry, Prince of Prussia, and the Queen of Sweden. George Washington suffered a severe attack, but recovered. Rosenau states in his excellent work on Preventive Medicine and Hygiene that "few infectious diseases show such a complete independence of conditions, such as race, climate, soil, age, sex, occupation, sanitary surroundings, etc., as smallpox." He further states that "probably no one is naturally immune." I will take up the question of sanitation later, and show that it cannot control smallpox.

Now, if smallpox occurs in Arkansas every year; if it is frequently serious, disfiguring or fatal, and if it is likely to attack our children of all classes, it is certainly our duty to protect them. Will vaccination amply protect them? This brings us to the anti-vaccinationist's second contention that vaccination does not protect. We maintain strongly that if properly done at proper intervals, vaccination will protect practically every individual. It is true that a few cases of smallpox do occur among persons who have been, or think they have been, successfully vaccinated. Investigation of these cases will show that in almost every case the patient had not been successfully vaccinated, or that he had been vaccinated more than five years previous to the attack. He may have had a sore at the time of vaccination, but it may have been

from infection from outside germs and not from the vaccine. A sore following vaccination does not necessarily mean a successful vaccination. To be successful it must have certain definite characteristics. The layman is not supposed to recognize these, and is to be excused if he sometimes mistakes a sore from infection for a successful vaccination. If one contracts smallpox more than five or six years after his last successful vaccination it should not be charged against vaccination, because no authority holds that one vaccination will protect for life.

That vaccination will protect individuals and communities is splendidly shown by comparing the mortality from smallpox before the introduction of general vaccination with the mortality after its introduction. According to statistics gathered by the Illinois State Board of Health, in the twenty-eight years before vaccination in Sweden there died each year from smallpox 2,050 persons out of each million of population. During the forty years following the introduction of vaccination the deaths from smallpox averaged 158 per year per million.

In Westphalia the annual death rate from smallpox from 1776 to 1780 was 2,643 per million. From 1816 to 1850 it was 114 per million.

In Copenhagen, from 1750 to 1800 the smallpox death rate was 3,128, whereas for the next fifty years it was only 268 per year.

In Berlin, for the twenty-four years preceding vaccination the annual death rate from smallpox was 3,422, while for the forty years following the introduction of vaccination it was 176.

Anti-vaccinationists claim that this rapid decline in the prevalence of smallpox just after the introduction of vaccination was due to the improvement of sanitary conditions. If this were true, why did not improvement in sanitary conditions likewise lower the mortality from measles, scarlet fever and whooping cough? Measles and smallpox are both eruptive and are probably the most contagious of all diseases. Sanitary conditions that would notably affect the mortality of one would probably affect the other. In England the registrar general's report shows that during the same period the mortality from smallpox declined 72 per cent, while the mortality from measles declined only 9 per cent. Records show that in Glasgow sanitary conditions grew steadily worse from 1780 to 1831. Measles and whooping cough were on the increase, yet the mortality from smallpox decreased almost 80 per cent. These and many other examples prove that sanitary improvement is inadequate to explain the striking and progressive decline in the prevalence and mortality of smallpox that followed the introduction of vaccination. Further proof of the efficacy of vaccination is furnished by the records of cities and countries that enforce compulsory vaccination. Dr. C. W. Brown, in Archives and Pediatrics, quotes the chief medical inspector of the Chicago Board of Health, as follows: "Vaccination on entering school and again in seven years is the protection from smallpox given the 265,000 school children of Chicago, and in ten years but seven cases have occurred among the school children, and all of these were in school with a false certificate of vaccination. No vaccinated child in the Chicago schools has had smallpox during the last ten years, though Chicago suffered a severe epidemic in 1894 and 1895, and has had a mild continuous epidemic of the disease for the past three years."

According to Public Health Report No. 57, the United States began compulsory vaccination in the six provinces around Manila in 1907. These provinces have a population of about 100,000, and from the remotest time had had a death loss of about 6,000 per year from smallpox. Since the introduction of compulsory vaccination not one person has died of smallpox who had been successfully vaccinated, and only a few scattering cases have occurred. Public Health Report No. 60 states that smallpox was almost continuous in Cuba prior to 1901. From 1890 to 1900 there were 3,144 deaths from smallpox in Havana. In June, 1901, a compulsory vaccination law became operative. By the end of the year 1901 "Cuba was free from smallpox and the disease has not reappeared to this date." From 1886 to 1889 Sweden, with compulsory vaccination, averaged four deaths from smallpox per year. Belgium, with about the same population, but without compulsory vaccination, averaged 975. England, with compulsory vaccination, averaged 458 deaths per year from smallpox. Italy, with equal population, without compulsory vaccination, averaged 15,925. From 1893 to 1898 there were 275,502 deaths in Russia from smallpox. During the same period there were 287 deaths in Germany from the same disease. Russia does not enforce vaccination, but Germany does. Japan rigidly enforces vaccina-

tion, and with its 47,000,000 people it had only four deaths from smallpox in 1901 and six in 1903. Compare the figures of those countries that do not enforce vaccination with those that do, and you can reach but one decision.

Argument three. Is vaccination really dangerous? Does it really produce death in a considerable number of cases?

In the days before clean surgery was practiced, when unclean vaccine points were used, when a member of the family frequently vaccinated the others with pus from his own unclean arm, there were a number of bad arms and some deaths from blood poisoning. But today, when the manufacture of vaccine is under government supervision, and each point is shipped sealed in an air-tight glass tube which is not opened till ready for immediate use, and the physician cleanses his hands and the arm of the individual thoroughly, uses a new point with each operation, and puts a sterile dressing on immediately after the operation, there is practically no danger. Of course, it is possible for the patient to infect his arm through carelessness and disregard for the physician's instructions, but that is no fault of vaccination. Even in such infected cases statistics show that there is only one death in sixty-five thousand cases. Voight reports 2,275,000 vaccinations in Germany with only thirty-five deaths. Hodgetts reports 40,000 vaccinations in Ontario without a death.

Now, as to the contention that compulsory vaccination of school children trespasses the rights of the individual. The laws of all civilized governments are based upon the theory that no individual should be permitted to do as he pleases if the welfare of the community is at issue. In upholding a compulsory vaccination law in Massachusetts, the Supreme Court of the United States had this to say: "The liberty secured by the constitution of the United States does not impart an absolute right in each person to be, at all times, and in all circumstances, wholly freed from restraint. Real liberty for all could not exist under the operation of a principal which recognizes the right of each indviidual person to use his own, whether in respect to his person or his property, regardless of the injury that may be done to others."

Any man who refuses to have his children vaccinated before entering school as required by Regulation 125 of the Arkansas State Board of Health is guilty of disobeying a law that is necessary, reasonable and constitutional. He is also placing himself in the position of deliberately, though indirectly, exposing his children to this loathsome and dangerous disease, which may spread and cause the suffering or death of many of his friends and neighbors.

FLIES AS CARRIERS OF LAMBLIA SPORES—THE CONTAMINATION OF FOOD WITH HUMAN EXCRETA.*

By C. W. Stiles, Professor of Zoology, and Wm. S. Keister, Assistant, Hygienic Laboratory, U. S. Public Health Service.

In a former article, one of us [1] invited attention to the fact that the presence of certain protozoa (*Entamoeba coli, Lamblia,* and *Trichomonas*), in the human intestines, gives us an easy and a practical method of demonstrating that the person in question has swallowed human excreta.

The argument in support of this conclusion is as follows: These protozoa are obligatory parasites, having no free motile stage; the stage outside the body is a spore, characteristic for each one of the separate forms; despite the older literature there is nothing at present to prove that these three species of parasites are characteristic for any host other than man, although generically identical but specifically distinct forms are known for other animals (for instance, *Entamaeba muris* in mice, species of *Lamblia* in mice, rats, etc., formerly identified as identical with the species in man, but more recently considered as distinct, and various species of *Trichomonas* reported for frogs, swine, etc.); even if it be admitted that some of the forms in animals other than man are specifically identical with the forms in man, this would not invalidate the general argument; these organisms (with the theoretical but academic possible exception of infection by *Trichomonas* into the uro-genital system by coitus) leave the body normally only in discharges (*Entamaeba coli* and *Lamblia* in the

*Public Health Reports, United States Public Health Service, November 28, 1913.

[1]Stiles, 1913, Contamination of Food Supplies. The value of protozoa as an aid in determining fecal comtamination of the food supply. Public Health Reports, Vol. 28, No. 7, February 14, 1913, pp. 290, 291.

feces, *Trichomonas* in the feces, or in the vaginal discharge, or in the urine); they enter the body in spore form (*Entamoeba coli* and *Lamblia* only through the mouth, *Trichomonas* through the mouth but exceptionally *per vaginam* or *urethram* through coitus); for practical purposes it may be said that the parasies (*Entamoeba, Lamblia,* and *Trichomonas*) leave the body with the feces, through the anus and enter it in spore form through the mouth, although *Trichomonas* may leave the body through the urine and the vaginal discharge, and probably may enter the uro-benital passages through coitus; ergo, if a person shows in his feces either *Entamoeba coli, Lamblia,* or *Trichomonas,* that person has swallowed spores that have come from the excreta, hence that person has eaten excreta, for it would be practically impossible to separate the spores absolutely from the excreta.

Accepting the more recent work as showing that the species in man are distinct from those in animals, the conclusion is that the infected person has eaten human excreta.

Accepting the older view that the forms in man are specifically identical with those of rats, rabbits, and other animals, the conclusion is that the person in question has eaten excreta either of man or of some other animal.

This latter point is to our mind almost negligible, from the standpoint of the region in which we are working.

The question as to the method of transmission from the feces of one person to the mouth of another must be considered.

It has been rather generally assumed that infection occurs either through water or through vegetables. That either or both of these methods of transmission may or might occur may be admitted, but the points should be recalled that both methods are based upon hypothesis, and even if the hypothesis be correct, the water or the vegetables carrying the spores must have been contaminated from excreta (since these organisms are obligatory parasites, without any free reproducing stage); hence the water or the vegetables have acted only as mechanical carriers of diluted excreta.

We have been persuaded that for the region in which we are working another method of transmission is for all practical purposes the chief method, namely, mechanical transmission by flies from the feces—usually in surface privies—to the food in the kitchen or dining room.

In a certain village there are approximately 100 houses; each house is provided with a surface privy in the back yard; flies breed by the thousands in these privies and fly to the houses. In this village we have found that the protozoa in question are exceedingly common among the children; it has not been unusual, for instance, to find that 50 to 100 per cent of the specimens of feces collected from the families contain the protozoa in question.

To assume that the infections take place in this village by means of the water presupposes that these nonmotile spores travel through a layer of sand a distance of more than 100 feet to a driven well; this assumption does not seem justified.

That the children might get their hands soiled with feces, directly or indirectly, from the privies, is conceivable; but this method of infection seems less probable than the fly method, since the children in this particular village rarely pass through the alley between the privies; that infection per hands might take place, as for instance, from soiled privy seats, is to be admitted.

That cats, dogs, rats and chickens might spread the fecal materials is to be admitted, but such admisison would not weaken the idea of fly transmission.

Turning now to the idea that flies play an important role as mechanical transmitters of these protozoa, the following points should be considered:

As already stated, flies breed and feed by the thousands in these surface privies, and they fly to the kitchens that are near by. For instance, in 24 hours' time 293 flies[1] were caught in a Hodge fly trap placed in one of these privies, and 1,742 flies were caught during the same 24 hours in another fly trap placed in the corresponding kitchen, about 40 feet away.

Further, flies were seen passing to and fro between the privies and the kitchens.

With this constant exchange of flies between the feces in the privy and the food in the kitchen, the possibility is given of a daily smearing of the food with small particles of fecal material on the bodies or legs of the flies. The carriage of lime by flies from

[1]Stiles and Miller, The Ability of Fly Larvae to Crawl Through Sand. Public Health Reports, Vol. 26, No. 43, August 25, 1911, p. 1277.

privies to food is too well known to call for discussion. Since the spores in question are smaller than the particles of lime, there seems no reason to doubt that these spores also are carried by the flies. The process seems so self-evident that a laboratory demonstration of the fly as an actual carrier may be viewed as almost superfluous. Nevertheless, experiments to demonstrate the point in question were made.

Flies caught in the houses and in the privies were examined, but with negative result. When we considered the minute size of the spores (*Entamoeba coli* about 15u in diameter, *Lamblia* about 10 by 7u, *Trichomonas* with adults 4 to 15u long by 3 to 4u broad), these negative findings are not surprising.

In order to obtain a number of flies that were known to have visited infected excreta a specimen of human feces containing a large number of *Lamblia* cysts was diluted with sterile water, stirred to an even consistency, sprinkled with a small amount of brown sugar (in order to attract additional flies), and used as bait in a Hodge fly trap, which was placed in a barn. The several hundred flies that were caught during 24 hours were etherized and transferred from the trap to a clean test tube containing some sterile water. After the tube was thoroughly shaken some of the water was centrifugalized for about 5 minutes. The sediment was then examined under an oil-immersion lens, and 6 Lamblia cysts were found.

Thus it is demonstrated that the fly is capable of carrying the spores of *Lamblia*. If flies can carry *Lamblia* spores measuring 10 by 7u, and bacteria that are much smaller, and particles of lime that are much larger, there is no ground to assume that flies may not carry *Entamoeba* and *Trichomonas* spores.

Admitting the possibility of the transmission of these spores by various methods (flies, rats, dogs, hands, vegetables, water, etc.), whatever the method that occurs in any particular case, the presence of the protozoa in question means that the person showing the infection has been eating excreta; ergo, when a person harbors any one of these protozoa we have proof that there is something wrong with the sanitary conditions, either at or near the house where this person lives or has lived or elsewhere in some place influencing the life of said person.

If there is a surface privy in the back yard of the house or of the house next door to where the infected person lives, this is the nearest place that comes into consideration, and although we have no proof that the particular infection found actually came from that particular privy, we have a demonstration that he has actually swallowed excreta and that the conditions are favorable at his residence for a continuation of this diet as a daily routine.

Turning now to practical experience in examining for these protozoa we have found the following infections in the examination of one series of 187 unselected persons:

	People living in homes—			
	Without Privy		With Privy	
Result of examination	No.	Pct.	No.	Pct.
Negative	88	80	54	70
Protozoa present	22	20	23	30
Total	110	100	77	100
Protozoa found:				
Entamoeba coli	9	8	6	8
Lamblia	9	8	14	18
Trichomonas	2	2	3	4
Undetermined genus	2	2	.....	.....

Thus those persons (chiefly children) living (chiefly in the city) at houses provided with a privy showed 30 per cent infection as against 20 per cent among persons (chiefly children) living at houses not provided with a privy but connected with the sewer; in all or practically all of the latter cases, however, privies were found in the same or in the adjoining block of houses; hence these people were still subject to the possibility of fly-borne infection, although the chances were slightly reduced.

Taking all of the 187 persons together it is seen that 43 of them (23 per cent) had been eating excreta, apparently human excreta.

Practical application of the test.—We are using this test in a practical way to induce people to improve the sanitation. Upon finding the infection present we notify the mother of the child that the microscopic examination shows that her child has swallowed excreta, probably in food contaminated by flies, from some surface privy; we advise her to request the local health officer to inspect the block in which she lives to determine whether there is any insanitary privy near her, supplying her table with contaminated flies, which might continue the infections to her child or to other members of the family.

The mother sees some privy in a near-by backyard, sees—as she never saw before—the danger of the surface privy, and she demands an improvement in the sanitation.

Of all methods by which we have tried to arouse sentiment against the surface privy, we know of none equal to this in promptness of result.

The possible exceptions to the fly transmission do not worry us. The water here is sand-filtered and can scarcely play an important role. Flies can and do carry the infections; we demonstrate the presence of the infection; the mother sees the privy and the flies, and she sees that the possibility of continued infection is ever present in this climate.

In case of necessity we occasionally tell the family that we can not prove whether the infection came from the privy of a white family or of a negro family, and this statement tends to add to the desire to have the insanitary privies made sanitary.

AMORPHOUS PHOSPHOROUS IN SENILE ARTERIOSCLEROSIS.

The author has used the red amorphous phosphorous in senile arteriosclerosis for several years. Given originally as a substitute for ordinary phosphorous in senile debility, it was found that it was eliminated as amorphous phosphate of lime and that the lime elimination was thereby increased. Weil's experiments showed that the lime elimination in arteriosclerosis was diminished. Phosphorous has the property of combining with lime and increasing the lime assimilation. In the small doses which can be given when the ordinary phosphorous is employed the phosphorous will combine with the lime of the food and increase the amount of lime salts in ordinary phosphorous is employed, the phosphorus the dose is two grains or more several times a day, and with a lime-free diet the lime required for the combination necessary to secure the elimination of the phosphorous excess, is drawn from the abnormal lime deposits. This appears to be the rationale of the treatment and explains the good results obtained from its use.—From "Diseases of Old Age," by I. L. Nascher, M. D., to be published shortly by P. Blakiston's Son & Co., Philadelphia.

THE FOOD FACTOR IN SOME SOCIOLOGIC PROBLEMS.

In connection with a consideration of the opportunities, or lack of opportunity, for adequate nutrition which prevails among the poorer classes in large cities, it became apparent that there are in such communities not a few families which actually suffer from a lack of sufficient food. The main items of expenditure among the laboring classes are for food and rent. These are, of course, absolutely essential. It is interesting to note, therefore, from the statistics that have lately become available, how the percentage of income expended on rent and food increases as the income decreases. These stubborn facts enable us to realize the keenness of the struggle to make ends meet in poorer homes, even with a regular income when it is very small. When over 90 per cent of the wages earned is thus disbursed, the opportunity to obtain other necessities—not to mention non-essentials—is so limited that frequently recourse is had to a reduction in the food bill, which is already as low as is consistent with the maintenance of health. Here is a condition which perhaps permits the inroad of disease among the poor quite as readily as other unhygienic living conditions, particularly those pertaining to housing and environment. When there is even a moderate expenditure for alcohol the situation is even worse. The Journal of the American Medical Association thinks our sociologists have not sufficiently appreciated in the past that the occurrence of conditions in which the support of the family and the provision of even the barest necessities prevent the attainment of any variety and interest in life and almost enforce a monotonous existence reacts in a variety of ways on the health and efficiency of the community through the diet factors referred to. The attempts at amelioration and reform must accordingly take into account possible changes in the mode of feeding which might set free a greater proportion of the income for other things than food. Dietary habits need to be dealt with in this field quite as much as ignorance and the "stultifying influence of the surroundings."

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Editorials.

EXPERIENCE.

On questioning or opposing the use of some drug or method of treatment, suggested in consultation or in the discussions of medical societies, one is often met by the argument (sic) that, in the experience of its advocate the use of such remedy had practically always been followed by beneficial results, notwithstanding scientific principles to the contrary.

This brings to mind the Indian medicine man described by Catlin[1] many years ago.

"He approaches with his body in a crouching position, with a slow and tilting step—his body and head are entirely covered with the skin of a yellow bear, the head of which (his own head being inside it), serves as a mask; the huge claws of which, also, are dangling on his wrists and ankles; in one hand he shakes a frightful rattle, and in the other brandishes his medicine-spear, or magic wand; to the rattling din and discord of all of which he adds the wild and startling jumps and yelps of the Indian, and the horrid and appalling grunts, snarls, and growls of the grizzly bear, in ejaculatory and guttural incantations to the Good and Bad Spirits, in behalf of his patient."

It is, of course, the experience of such a wizard-physician, that many a desperate case is cured by his means; he succeeds, and so he is content to go on with his practices, utterly without regard to the connection between cause and effect, except as respects his plan and his pay.

Now, these mystery-men are remarkable for their great practical skill and experience; they have no reason to doubt their ability, for they often witness the good effects of their remedies. They can conscientiously sit on the top of their wigwams and vaunt to the multitude about the wonders of their art, and the surprising efficacy of their medicines; and if their patients die, they can assert the will of the Great Spirit as the direct cause of the catastrophe, without calling in question the potency of their potions and impositions.

Empiricism is everywhere the same—quite a practical thing, and founded altogether on experience.

A confidence in individual empiricism is the cause of all deceptions and mistakes; but science, rightly so called, is the true guide to practice, by requiring its conformity to established law, on the ground that without analogy there is no reason. If a man's practice be founded on principles which cannot be expounded that another may be able to apply the same means with equal benefit, his is just that kind of intelligence which can neither be taught nor learned, and therefore it has, it is clear, no relation to science, for "science is the knowledge of many, orderly and methodically arranged, so as to be attainable by one." There is no arrogance, no egotism, in science; and those who really follow truth, as the instructor of all who honestly inquire for intelligence, are at the same time learning the best lessons of humility. Whatever new truth may be discovered, fits in at once with all truths previously known, and it is, so to speak, but the detection of another unfolding or development of a principle always in action, and already acknowledged.

Thus, every man who attaches himself to a notion, or sticks a bit of truth in his mind in such a manner that he cannot turn it about and see all its sides, is always appealing, like a madman, to experience and to Heaven. His appeal, however, should only have the effect of his being mercifully excluded from the so-

[1]Catlin, Geo., Manners, Customs and Conditions of the North American Indians, 1857.

ciety of those who are in their senses, until he shall have learned to know his right place. As there is a common sense to which all who are sane may appeal as the rectifier of any odd opinion, so there is a common science to which all who are not mad appeal as the interpreter of any stray notion derived from solitary experience and the passion for hypothesis.

"I have often seen," says Hahnemann[2] "a single drop of the tincture of nux vomica of a decillionth degree of dilution produce exactly half the effect of another at the quintillionth degree, when administered both one and the other to the same individual, and under the same circumstances."

That was his experience.

Wonderful man! Only think of the simplicity of a genius that, after twelve years' study, succeeds in tracing all our worst maladies to that "ancient miasm," as he calls it, the itch. All forms of madness, all pains, all spasms, all nervous diseases, gout, and gutta serena, fungus hematodes, cancer, and the stomachache, he expressly refers to itch. Alas, for genius! Alas! that itch should now be proved to be produced by an insect, that can be smothered by stopping up its burrow with hogs' lard! The "ancient miasm" is an ugly mite.

It behooves us, however, to deal tenderly with each other's convictions while at the same time we boldly express what we believe to be useful as well as true; for, though we may condemn individual empiricism, we must not lose sight of the fact that many of our remedies are empirical. Such empiricism is general, however, and general empiricism must have its individual origin, and at this point enters the personal equation. Veracity, power of accurate observation and an ability to interpret results are essentials, and the man who, from want of faculty or of will, cannot classify facts is destitute of the philosophical animus and can never gain much from experience. "*Post hoc ergo propter hoc*" is therefore fallacious doctrine.—M. D. Ogden, M. D.

[2]Hahneman, S. C. F. Organon der rationellen Heilkunde.

THE HEALTH TRAIN AS A STIMULUS TO SANITATION.

The value of the health train, now being employed in some States to educate the people on the value of better hygiene and sanitation, is undoubted. It gives direct instruction in personal and community hygienic principles, and the printed reports of the inspectors accompanying the train concerning the towns and villages through which the train passes have become a strong stimulus to sanitary improvement. This is accomplished both through appeals to local pride and through light thrown on specific defects. The State Board of Health of Michigan during the summer ran a health train through the State, touching at many points. Great interest was manifested in the lectures and the exhibits connected with the train. In the report of the inspectors, the sanitary shortcomings of many villages are set forth in plain terms. For instance, of one town it is said:

"Health sentiment is at a low ebb here. The health officer was attending a picnic, but the flies were attending to business in the unscreened, filthy privies and garbage-heaps around the town."

This particular town is not likely to be proud of this report, and the health officer will undoubtedly begin to clean things up. In contrast to this it was said about another town:

"This is the most all-around sanitary little village visited by this special. A good progressive president and health officer, backed by a splendid sanitary sentiment."

In many places it was found that the health department was active and efficient, but was not supported by the proper public sentiment. This is the chief shortcoming of most places, on the part both of the citizens and of the city or town authorities who fail to vote sufficient money to carry out sanitary measures effectively. While there was no intention of being hypercritical, the truth was plainly told in the report, and without doubt the awakening secured by the health train and the report on sanitary conditions will work a great im-

provement. Michigan, of course, is not different in this regard from other States, and the report on conditions there would probably apply almost exactly to any State making a similar inspection. The method of teaching personal and public hygiene by the health train, says The Journal of the American Medical Association, is a modern invention that should be encouraged.

Editorial Clippings.

"DAMAGED GOODS."

I have seen an epoch making play, the like of which has never been produced before, Eugene Brieux's "Les Avaries," or to give it its English title, "Damaged Goods." It is a play intended to convey the biblical statement "that the sins of the father are visited upon the children," a sermon in dialogue, a play of thrilling interest with but few moments of action, a play that holds and attracts even one who is worldly wise and sorrow-worn, who for two decades has been pleading and to whom the story is old and worn.

The theater was quiet; no music, no tinkling of cymbal, no crash of brass, no gentle reed or string broke its solemnity, for the play and players had come to tell us in a new way, to the public, a story centuries old to physicians. The play is adapted from the French by Benjamin Blanchard and upon perusing the program under the title we find:

"The object of this play is a study of the disease of syphilis and its bearing on marriage. It contains no scene to provoke scandal or cause disgust nor is there in it any obscene words; and it may be witnessed by every one, unless we must believe that *ignorance and folly* are necessary conditions of *female virtue.*"

Before the curtain goes up Mr. Richard Bennett, who takes the stellar role, announces from the stage the above quotation and states that the words *mistress, prostitute, prostitution,* etc., will be employed, but in no way to offend; to this they adhere in every sense of the word.

The scene of the first act opens in the consulting room of the Doctor (no name) with George Dupont (Bennett) waiting, evidently having just been examined by the Doctor in adjoining room. The Doctor enters, takes his seat at his desk, prescribes, explains what is necessary for him to do and finally tells him in a kindly way of his disease, its peculiarities, possibilities, and dangers. Dupont resents his misfortune, complains and states that he is to be married and announces in extenuation of his position, that he must be married, that everything has been "arranged;" that his match is a "splendid" one, the bonds have been signed and every detail of the notaries complied with. Then follows arguments only too well known to the medical profession; that syphilis can be controlled (cured?); that he must wait four years; more tears, recriminations, curses upon the "farewell bachelor supper," with its "wein, weib, und gesang," its lewdness and disease, a plea for a more speedy cure and the wholesome, clean, clear-cut advice of the Doctor, who makes him fully understand the terrible crime he would commit, not alone against the pure and untarnished girl, but the dangers of having a syphilitic child. We cannot but admire the clearness of the statements made, their freedom from exaggeration and their plain truthfulness—together with the kindly sympathetic but scientific attitude of the Doctor. When the complaining and whining man at times resents the *dictum* of medicine the Doctor rises in his wrath to teach him the lesson, not only he, but alas! so many others need who have been infected with this terrible malady and its cogener gonorrhea. The Doctor paints, in strictly honest and truly scientific manner the dangers and results that would fall not alone to the innocent and uninfected woman he is to take for wife, but of the grave risk to the child, should paternity become its lot. The announcement of the cure of syphilis by a persistent and careful course of treatment for four years (Fournier would have said five) leaves to him the hope that he may with honesty, perhaps, look to marriage after this time. It is evident from the start that Dupont is not likely to follow the well-meaning and excellently delivered advice of his physician. No other characters appear upon the stage during this act. After an interval unenlivened by music, the curtain rises upon what should be a happy home. Under the false statement that he was threatened with tuberculosis, Dupont has secured six months' stay of proceeding and as the superficial lesions had disappeared he contracted marriage and as a natural sequence has become a father. That he does not realize his perilous position is shown by the marked evidence of his happiness and pleasure in his genuine love for the girl, who he

has made wife. But the baby isn't well; it is frail, delicate, has the "snuffles," has some skin lesion of which everyone at the time seems ignorant. The baby is taken to the country and here for the first time the mother-in-law, who, like most grandmothers, is devotedly and passionately attached to the baby, learns the terrible news; it is a syphilitic baby. She brings the baby back to town and tells the father. It cannot be bottle fed and she has brought a sturdy peasant girl to nurse the baby as foster mother and in her passionate love for the infant is willing to sacrifice this woman to the diease, if the infant may but live. When the nurse finds out the facts, she leaves, presumably uninfected, but before she leaves she tells the terror-stricken wife the brutal fact that she has gone through the canebreak and picked out a crooked reed, that she has bought goods the warp and woof of which seemed good and durable, but which in reality were damaged. With her horrified shriek to the man to keep his hands off the curtain falls.

In the next act we are back again in the consulting room of the Doctor, who had been called in the previous act to see the infant and who had told the mother and son the vital facts and of the warning that had been given. In this act we have much that can be commended. The wife's father, a deputy of France, comes to the Doctor with the intention of getting at the truth and then "killing the scoundrel." He is to learn a sad lesson for the Doctor truly tells him that it will do no good, that a shooting will but drag his daughter's dishonor and their dirty linen through the press of Paris and accomplish in the end no good. His recommendation is sensible. For they must both learn a sad and terrible lesson, the outcome of the unfortunate cultural conditions of modern life. They must both be treated, they must both take up their life together, they must both learn to devote themselves to one another and try, out of their misfortune to pluck what contentment and happiness is possible. The deputy resents the statement of these facts and names himself as an example of a *moral* husband and *virtuous* father. The Doctor soon takes the starch out of him by showing that *he was not virtuous* as a young man by any means and the fact that he was free from syphilis was due to a species of "good luck" and not to any virtuous or well-meaning attempt to remain so. The Doctor has brought several people from his clinic. He shows a woman with wrecked life who has gone untreated for years and her plea was "I did not know." A man broken in health, to whom the word happiness had long since passed, pleaded "I did not know." He then shows a prostitute and in this character traces the frightful course of infection after infection. The girl describes her pure and happy life, her misfortune, her infection, her terrible suffering, her growing hatred of men that trod the "Boulevards," of how she "made them pay the bill" how she evened the balance with her seducer, how her beauty and her disease entangled the rich, the poor, the middle aged, youths and even boys until the deputy, sickened beyond belief, cries halt, enough. When the last curtain falls, we find that the star has not been on the stage during this act, that while we have been listening to a large volume of talk, we have in reality been watching a much bigger and more thrilling spectacle of a fight of a man through three acts to win his beautiful and beloved, and we must be a pretty case hardened sort of a fellow not to just stay awake a little while thinking about this play when we reach home, even though we have seen these things for twenty-two years.

And now for the playwright, producer, and characters:

Eugene Brieux, a member of the Academy of France, has written some most excellent plays, although the critics say that "Damaged Goods" is the least likely the one to have been popular of all of Brieux's plays that have been turned into English. But it has survived the patronage of the curious and morbid and achieved success, a real success on the mere ground of being worth seeing. Brieux, we believe is much more of a preacher than a dramatist; he is a tremendous moralist and has written a strong play with a moral to it. He is no prude and while he calls a spade a spade, there was never a word, never a statement and never an idea that could be twisted into the obscene, save by one whose rationation is sadly defective. He does not try to write pleasant things concerning the affairs of people and this is certainly not a pleasant subject to look upon, for he shows man and woman suffering, not lightly, but terribly, not because they are bad, not because they have evil intents, but because they are baldly ignorant and do not know any better. It is the crime of ignorance and it is this lesson that Monsieur Brieux wishes to convey.

God knows it is needed and every true physician wishes this message carried to the uttermost ends of the earth. I cannot agree with Ralph Reed (Lancet Clinic, April 26, 1913) that "Damaged Goods" is not a good drama and I think that his statement that "a really great drama must have a theme that finds sympathetic response in every heart. All great dramas do—every one can sympathize with the moral conflict that is the central core of all drama, particularly tragedy." It is our belief that there is here in the last analysis a sympathetic response in every heart for the helpless woman, for the unborn and already born child who has become contaminated with syphilis. But let us not call it a drama. Let us call it a play—the play—"for the play's the thing wherein to catch the conscience of the king" (Hamlet). If we cannot do anything else, we can at least meet on common ground and extend to Monsieur Brieux our sincerest thanks and appreciation of his estimate, not alone of the true physician in his relations to his patients, but in his vocation as a guardian of the morals of the home and the social fabric. All honor to Monsieur Brieux.

Richard Bennett produced this play against opposition, we are told, that was very pressing. He calls it an educational production which sounds forbidding and one would think would scare away audiences. Puritanical opposition came to his rescue and he has been educating large crowds every week. He has not played to the galleries concerning the sex life of France, but is trying, through this play to teach people the brave business of facing facts, of trying to teach legislators how little they know, and the absolute need we have of more sensible marriage laws. Mr. Bennett is very effective in his acting, for he has a hard character to play. George Dupont is very mean and despicable, at times; weak and vacillating at others, but never, for one moment does he cease to be very essentially human. We certainly owe Mr. Bennett a debt of gratitude for his producton and an appreciation of a part well played.

In many years of theater-going, I have yet to see a piece of character acting to exceed that of the "girl," a *femme du pave,* taken by Miss Adrienne Morrison. We have been told that it was difficult to secure a woman to take this part and that the lady who plays it, has sacrificed her feelings, in the belief that her contribution in this play may be of lasting benefit to the human race. The role must naturally be a difficult one, requiring the putting aside of one's personal feelings. Her acting is simply letter-perfect; a woman tricked! a prostitute, "Damaged Goods." Her acting, true, Oh! so true to life, so full of that subtle truth of acting that makes a character a live, breathing thing. One cannot but feel the heart tighten and the cords of sympathy vibrate to her heart rendering suffering to her humanity. This is, alas, too well known to comment upon. We cannot speak too highly of her acting. A difficult part well filled, by a capable actress.

We feel, however, that the *Doctor,* as played by *Louis Bennison,* is undoubtedly the best portrayal we have seen in years upon the stage and we would place him alongside of Mr. Albert Brunnings' rendition of the character of Dr. Emerson in "The Case of Becky." Mr. Bennison *looks* the doctor; strong, tall, forceful and dignified, who represents all that we would wish for in the physician; truthful, honest, intelligent, scientific in his private work; and who shows to best advantage in the interest he has in the betterment of the social fabric. Oh, how sick and sad and tortured are we through, yea, these many years, so heartily sick of the vaudeville, "mellodramatic" and "movie" picture characterization of *"Doc"* with his perennial whiskers and his little black bag. Angels and ministers of grace, defend us from this continued affliction and may we close this editorial with an expression of sincerest appreciation from a medical man to Mr. Bennison for his intelligent and scientific rendition of Monsieur Brieux's physician. It is to be hoped that the stage will see more of such men.

"Damaged Goods" pleads with great force for clean living; intellectual and moral honesty, and is a courageous fight against hypocrisy. It is never indecent; it never lies; it is *always* frank. We feel that we cannot better conclude in this connection than in publishing the following gem that is decidedly pertinent to the remarks herein made; it is a poem by Ella Wheeler Wilcox.

THE PRICE HE PAID.

I said I would have my fling,
  And do what a young man may;
And I didn't believe a thing
  That the parsons have to say.
I didn't believe in a God
  That gives us blood like fire,
Then flings us into hell because
  We answer the call of desire.

And I said: "Religion is rot,
  And the laws of the world are nil:
For the bad man is he who is caught
  And cannot pay his bill,
And there is no place called hell;
  And heaven is only a truth,
When a man has his way with a maid,
  In the fresh, keen hour of youth.

And money can buy us grace,
  If it rings on the plate of the church,
And money can neatly erase
  Each sign of a sinful smirch.
For I saw men everywhere,
  Hotfooting the road of vice;
And women and preachers smiled on them
  As long as they paid the price.

So I had my joy of life:
  I went the pace of the town;
And then I took me a wife,
  And started to settle down.
I had gold enough and to spare
  For all the simple joys
That belong with a house and a home
  And a brood of girls and boys.

I married a girl with health
  And virtue and spotless fame,
I gave in exchange my wealth
  And a proud old family name.
And I gave her the love of a heart
  Grown sated and sick of sin!
My deal with the devil was all cleaned up,
  And the last bill handed in.

She was going to bring me a child,
  And when in labor she cried,
With love and fear I was wild—
  But now I wish she had died.
For the son she bore me was blind
  And crippled and weak and sore!
And his mother was left a wreck.
  It was so she settled my score.

I said I must have my fling,
  And they knew the path I would go;
Yet no one told me a thing
  Of what I needed to know.
Folks talk too much of a soul
  From heavenly joys debarred—
And not enough of the babes unborn,
  By the signs of their fathers scarred."

—Curran Pope, Kentucky
Medical Journal, Jan. 1, 1914.

WHY PREVENTIVE MEDICINE IS NECESSARY.

The eleventh annual report of the Bureau of Census dealing with the mortality statistics of 1910 presents many facts of exceedingly great interest. It is interesting to note that no deaths from asiatic cholera have been reported since the publication of the annual mortality reports. One death from the plague occurred in 1910 and two from typhus fever. Beri-beri was reported as the cause of death of ten persons, of whom two were Chinese and four Japanese.

Pellagra, from which only a single death return was made in 1904, owing to the fact that the disease was unrecognized, caused 368 deaths in the registration area during 1910. This increase in deaths from pellagra is more apparent than real, and is due to the fact that serious attention has been given to this disease during the past two years; and diagnosis has been facilitated through widespread education of the medical profession in its diagnostic characteristics.

Infantile paralysis more than doubled its death rate during 1910, there having been 1,459 deaths registered from this cause. The serious effects of this disease, when death does not ensue, should be sufficient to point out the importance of the scientific studies now being made of this disease, particularly along the line of etiology and prophylaxis.

The general death rate from typhoid fever, though exceedingly high as compared with its mortality in European countries, evidences a slight decline over the quinquennium 1906 to 1910. Inasmuch as the victims of typhoid fever occur among men and women during the period of greatest industrial activity, its prevention is of the greatest economic importance. The fact that polluted water and infected milk serve as the principal media for the development of epidemics makes it patent that active measures should be taken in all cities to safeguard the citizens. The public may free itself from this economic scourge through attention to the drinking and food supplies. Similarly, rural communities, whose typhoid death rate is higher than that of urban districts, should renew their efforts in order to secure an adequate system of sewage disposal that will not endanger sources of the water supply.

In view of the social effects of death during the period of industrial activity, it is sug-

gestive to contemplate the decimating diseases which apparently take their greatest toll during the two decades of life from twenty-five to forty-five years. On the basis of the average and median age at death there will be included in this group typhoid fever, malaria, tuberculosis, alcoholism, epilepsy, acute endocarditis, pneumonia, not including broncho-pneumonia, pleurisy, appendicitis, hernia, intestinal obstruction, acute nephritis, the accidents of pregnancy and labor and suicide.

Compared with these diseases which have their severest destructive effect during the period of maximum industrial activity, there is a small group of diseases whose fatal results are particularly manifest at the age of sixty and above. Among such diseases are to be enumerated cancer in its various forms, cerebral hemorrhage and apoplexy, paresis, angina pectoris, Bright's disease, and diseases of the bladder and the prostate.

The contrast of these two groups indicates the line along which prophylactic medicine must proceed. The important preventable diseases are most deadly during the period of life which should be attended with social efficiency and economic independence. The principal causes of death during the ages of twenty-five to forty-five are due to the failure of the public to recognize their responsibility for the deaths of their fellowmen. The main casual factors lie within the province of organized communities and are largely due to a lack of general education and hygienic oversight. The estimation of human life at a low value is responsible for the parsimonious expenditures for public health.

Communities appear to be willing to expend money for the results of disease. They point with pride to their homes for incurables, their orphan asylums, and their institutions for physical, mental and moral defectives. The time must come when a greater and higher pride will be felt in pointing out the decrease in such institutions owing to the more sane expenditure of money for the prevention of deaths leading up to social dependency. Health is a purchasable commodity and communities should welcome the opportunity to spend their pennies on prophylactic measures rather than pay out their dollars for meeting the results of their shortsighted hygienic policy.—Medical Review of Reviews.

Personals and News Items.

Have you paid your dues?

Dr. W. E. Arnold of Prescott is spending the winter near Tampa, Fla.

Dr. E. Meek of Little Rock has moved his office to the Masonic Temple.

Dr. O. R. Kelly has moved from Carthage to Sheridan.

Dr. H. A. Murphy has moved from El Dorado to Wesson.

Dr. J. H. Beard has moved from Gentry to Siloam Springs.

Dr. and Mrs. Loyd Thompson visited in Conway last month.

Dr. and Mrs. A. G. McGill of Little Rock spent the holidays in Camden.

Dr. and Mrs. William A. Snodgrass of Little Rock recently visited in Hope and Washington.

Dr. L. D. Reagan of Little Rock spent the holidays with relatives and friends at McNeil.

Dr. and Mrs. C. R. Shinault have returned to Biloxi, Miss., after spending the holidays with friends in Helena and Little Rock.

Dr. and Mrs. R. L. Saxon have moved into their new home, 2715 Gaines Street, Little Rock, since returning from their wedding journey.

Every county secretary should regard himself as the local correspondent of the Journal of the Arkansas Medical Society.

Dr. Walter M. Dake, formerly of Denver, Col., announces the removal of his offices to the Dugan-Stuart building, Hot Springs, Ark.

Drs. T. M. Fly and E. A. Campbell, sanitary officers of the State Board of Health, recently visited in Little Rock.

Arkansas physicians in Little Rock during the past month were: R. C. Dorr, Batesville; G. S. Brown, Conway; B. D. Luck, Pine Bluff; Hodges, Malvern; A. H. Cook and W. H. Deaderick, Hot Springs.

Dr. Horace E. Ruff of Heber Springs has announced his candidacy for state senator from the Twenty-sixth Senatorial District, subject to the action of the March primary. The district is composed of Cleburne, Searcy, Newton, Conway and Van Buren Counties.

Dr. W. L. Sadler succeeds Dr. W. H. Browning as house surgeon at St. Vincent's Hospital, Little Rock.

Dr. M. E. McCaskill announces his resignation from the Hospital Department of the Missouri Pacific and Iron Mountain railroad, Little Rock, and will devote his entire time to private practice.

Dr. W. H. Browning has been appointed assistant division surgeon of the Hospital Department of the Missouri Pacific and Iron Mountain and Southern Railway at Little Rock, to succeed Dr. M. E. McCaskill, who resigned.

Dr. Morgan Smith, Little Rock, secretary of the State Board of Health, has received the appointment as collaborating epidemologist of the United States Public Health Service for Arkansas. The appointment was made by William H. McAdoo, secretary of the treasury, on the recommendation of Surgeon General Blue.

Dr. Stanley M. Gates of Little Rock has returned from New York, where he took an extended post-graduate course at Bellevue Hospital.

Dr. Robert A. Hilton of El Dorado visited Little Rock this month.

Dr. Charles S. Holt and wife of Fort Smith are stopping at the Hotel Marion. Dr. Holt is giving a course of instruction in operative surgery in the Medical Department of the University of Arkansas, which will cover two or three months.

The Lecture Bureau of the Council on Health and Public Instruction of the American Medical Association has appointed Dr. H. Moulton of Fort Smith manager for Arkansas for the Committee on Conservation of Vision. It is designed to send to such communities as desire them, speakers who will deliver addresses under the auspices of the County Medical Society. These addresses on the care of the eyes and the improvement of eyesight are designed especially for the benefit of physicians, teachers, benevolent societies and the public generally.

NATIONAL DRAINAGE CONGRESS.

Section on Malaria Eradication.

We desire to call your attention to the malaria section of the National Drainage Congress. This section was organized during the Third National Drainage Congress held at St. Louis, April 10-12, 1913.

Our objects shall be to stimulate the study of the distribution, prevalence and economic importance of malaria, to conduct a campaign of publicity as far as our means will permit, and to devise ways and means to effect a permanent and efficient campaign against this grave disease.

The next meeting of the Congress will be held in Savannah, Ga., in 1914, the exact date to be announced later. At this meeting an extensive malaria program is contemplated.

Your membership and co-operation are earnestly desired. We want you to attend the next meeting and to contribute to the program or take part in the discussions. The membership fee in the section is two dollars.

Hoping to have many from Arkansas with us, I am,

Cordially,

Wm. H. Deaderick, Secretary,
Hot Springs.

REPORT OF EXAMINATION OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY, NOVEMBER 11-12, 1913.

Number passed, 14; number failed, 11; total, 25.

The following passed satisfactory examination: F. P. Batchelder, Fayetteville, Ark.; William A. Carroll, Saginaw, Ark.; R. R. Dale, Texarkana, Ark.; R. S. Fillmore, Little Rock, Ark.; R. C. Meadors, Marvell, Ark.; G. C. Moore, Little Rock, Ark.; A. L. Myrick, White Hall, Ark.; V. H. Ragsdale, Augusta, Ark.; W. L. Sadler, Little Rock, Ark.; C. A. Smith, Texarkana, Ark.; John Stewart, Booneville, Ark.; S. A. Thompson, Carlsbad, Tex.; S. J. Wolferman, Fort Smith, Ark.; J. L. Fuller, Doyline, La.

THE TRI-STATE MEDICAL SOCIETY.

The Tri-State Medical Society, composed of Arkansas, Louisiana and Texas, held its tenth annual meeting at Texarkana December 9 and 10, 1913.

The following officers were elected for the ensuing year:

President—Dr. Preston Hunt of Texarkana.

Vice President for Arkansas—Dr. J. P. Runyan of Little Rock.

Vice President for Louisiana—Dr. J. E. Kingston of Shreveport.

Vice President for Texas—Dr. T. J. Allison of Redwater, Tex.

Secretary—Dr. J. M. Bodenheimer of Shreveport (re-elected).

GEORGIA SURGEONS' CLUB.

Under the auspices of the Georgia Surgeons' Club, a sixty days' tour of the surgical clinics of Europe is being arranged for representative Southern surgeons, to wind up at the meeting of the Congress of Surgeons of North America, in London, the latter part of July, 1914. Those interested may secure details of the trip from Dr. R. M. Harbin, secretary-treasurer, Rome, Ga.

NEW AND NONOFFICIAL REMEDIES.

Since publication of New and Nonofficial Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies:"

Digipoten.—Digipoten consists of the digitalis glucosides in soluble form, diluted with milk sugar to give it a strength equal to that of digitalis of good quality. Digipoten is adjusted by the frog and guinea pig methods to have a strength of 1,400 heart tonic units, and by chemical assay to contain from 0.3 to 0.4 per cent digitoxin. The action, uses and dosage of digipoten are the same as those on digitalis. It is sold in the form of a powder, which is soluble in water, and as Digipoten Tablets, each containing 0.03 gm. The Abbott Alkaloidal Company, Chicago, Ill. (Journal A. M. A., December 6, 1913, p. 2069.)

Tannigen Tablets.—Each tablet contains tannigen (see N. N. R., 1913) 0.5 gm. The Bayer Company, New York City. (Journal, December 6, 1913, p. 2069.)

Bordet-Genou Bacillus Vaccine for Whooping Cough Prophylaxis.—Creeley Laboratories, Inc., New York.

Bordet-Genou Bacillus Vaccine for Whooping Cough Therapy.—This vaccine is believed to be of service in the prevention and also in the treatment of whooping cough. Greeley Laboratories, Inc., New York City. (Journal A. M. A., December 13, 1913, p. 2158.)

Culture of Bacillus Bulgaricus, Fairchild.—A liquid culture of the bacillus bulgaricus. The culture is sold in packages containing 6 and 30 vials, respectively. The culture is used internally in the treatment of intestinal putrefactive diseases and as an application to body cavities in the treatment of suppurative conditions. Fairchild Bros. & Foster, New York. (Journal A. M. A., December 13, 1913, p. 2158.)

Slee's Anti-Meningitis Serum.—For description of anti-meningococcus serum, see N. N. R., 1913, p. 215. The Abbott Alkaloidal Company, Chicago, Ill.

Slee's Anti-Streptococcic Serum.—For description of anti-streptococcic serum, see N. N. R., 1913, p. 216. The Abbott Alkaloidal Company, Chicago, Ill. (Journal A. M. A., December 20, 1913, p. 2242.)

PROPAGANDA FOR REFORM.

Lactic Acid Ferment Preparations in N. N. R.—Assertions that the lactic acid ferment preparations on the market are worthless caused the Council on Pharmacy and Chemistry to examine those admitted to N. N. R. While past examinations showed this class of preparations to be most unreliable, the present market supply was found to be satisfactory. The products examined were Fairchild's culture of bacillus bulgaricus; lactic bacillary tablets, Fairchild; lactampoules, Fairchild; bacillary milk, Fairchild; bulgara tablets, H. W. Co.; massolin, Schieffelin. (Journal A. M. A., December 6, 1913, p. 2084.

Sanatogen.—The fundamental objection to Sanatogen is not its outrageously high price, but the attempt to ascribe to a mixture of casein and glycerophosphate powers not possessed by these ingredients. The claim that Sanatogen is a "nerve food" is an absurdity as is any claim that the casein in Sanatogen has a greater food value than the casein in ordinary milk. Physicians who have given fulsome puffs for Sanatogen are invited to study the claims which are made for it, the following being one: "* * * It revivifies the nerves, promoting sleep and helping digestion. * * *" (Journal A. M. A., December 6, 1913, p. 2085.)

The Value of Echinacea.—While most extravagant claims are made for the drug, the Council on Pharmacy and Chemistry

concludes that, on the basis of the available evidence, echinacea is not entitled to be described in New and Nonofficial Remedies as a drug of probable value. (Journal A. M. A., December 6, 1913, p. 2088.)

Texas Guinan.—The Texas Guinan world-famed treatment for corpulency (Texas Guinan Company, Los Angeles, Cal.) appears to be the latest venture of W. C. Cunningham, of Marjorie Hamilton's obesity cure fame. It is exploited by follow-up letters giving the experiences of Texas Guinan, an actress, and offering the preparation at a sliding scale of prices, ranging from twenty down to three dollars. From an analysis made in the A. M. A. chemical laboratory, it appears that an essentially similar preparation may be obtained by mixing one pound of powdered alum with ten ounces of alcohol and enough water to make one quart. A second specimen which was examined in the association's laboratory contained no alum or alcohol and appeared to be a tragacanth preparation of the "vanishing lotion" type. (Journal A. M. A., December 13, 1913, p. 2173.)

Colloidal Palladium.—A preparation of colloidal palladium, under the proprietary name Leptynol, is proposed as a means of causing the absorption of adipose tissue. The preparation appears one of the many thousand proprietaries produced abroad in the past year and put on the market after meager experimental work. (Journal A. M. A., December 13, 1913, p. 2179.)

Dowd's Phosphatometer.—According to its inventor, this is a device "for taking the phosphatic index or pulse of the nervous system." Its originator, Dr. J. Henry Dowd, M. D., Buffalo, N. Y., writes enthusiastically of his instrument and of "Comp Phosphorus Tonic." The phosphatometer is a scientific absurdity which pretends to determine the amount of phosphate in the urine and thus to measure "nerve metabolism." (Journal A. M. A., December 20, 1913, p. 2258.)

Another "Cancer Cure."—Denver newspapers advertise that the International Skin and Cancer Institute of Denver claims to have a cure for cancer. The "cure" is exploited by one John D. Alkire. No doubt those afflicted with cancer, and those who believe themselves afflicted with cancer, will flock to Denver for the "cure." The actual victims of the disease will, of course, die, but there will be the usual number of recoveries from nonmalignant sores that will be heralded as "cures" and thus will make the venture a profitable one. To the honor of Denver it may be said that some of its newspapers refused the advertisement. (Journal A. M. A., December 20, 1913, p. 2248.)

The Ready Reckoner.—The attempt of a proprietary exploiter to pose as the physician's post-graduate instructor comes from the promoter of a "blood stimulating" preparation—hemaboloids arseniated (with styrchnia). It is in the form of a ready reckoner for the diagnosis of pathologic sputum. The thing consists of a revolving arrow, surrounded by circles containing illustrations of bacteria such as no human eye ever saw through a microscope. The physician apparently is expected to point the arrow to what he sees, or thinks he sees, in the microscope, and then, through a window in the tail of the arrow, observe the name of the organism and the disease which it produces. The device is an insult to intelligent physicians and belongs in the waste basket. (Journal A. M. A., December 27, 1913, p. 2306.)

Pa-Pay-Ans (Bell).—An analysis, included with the report of the Council on Pharmacy and Chemistry rejecting the product, failed to find one of the constituents claimed to be present in the preparation—the constituent after which the medicine appears to have been named, namely, papain. (Journal A. M. A., December 27, 1913, p. 2314.)

ARTICLES ACCEPTED FOR N. N. R.

The following articles have been accepted for inclusion with New and Nonofficial Remedies:

The Bayer Company, Inc.—
- Elarson.
- Elarson Tablets.

Hynson, Westcott & Co.—
- Sterile Ampoules of Mercury Salicylate.
- Salvarsan — "606" — Ehrlich, Suspension Ampoules.
- Neosalvarsan, Ehrlich, Suspension in Ampoules.

Mallinckrodt Chemical Works—
- Sodium Acid Phosphate.

Parke, Davis & Co.—
- Emetine Hydrochloride Ampoules.

Powers-Weightman-Rosengarten Co.—
- Sodium Acid Phosphate.

Radium Chemical Co.—
- Radium Chloride.
- Radium Sulphate.

CHANGE OF TITLE.

Fairchild Bros. & Foster—

The manufacturer having changed the name of Essence of Pepsin, Fairchild, to Pepsencia, the council directed that the corresponding change of title be made in New and Nonofficial Remedies.

ARTICLES OMITTED FROM N. N. R.

Armour & Co.—

Having been withdrawn from the market, the council voted that Glycerole Trypsin, Armour, be omitted from New and Nonofficial Remedies.

Pitman-Myers Co.—

Having voted not to accept papain for inclusion with New and Nonofficial Remedies, the council voted to omit the Aromatic Cordial, P. M. Co., from the appendix to New and Nonofficial Remedies.

County Societies.

ARKANSAS COUNTY.

(Reported by Dr. M. C. John, Sec'y.)

Stuttgart, December 12.—The Arkansas County Medical Society met in this city on October 10. Members present: Drs. Boswell, Sillen, Moorhead, Hill, Morphew, Rives, Fowler and John.

Clinical cases were reported, which elicited a very general and helpful discussion.

The following officers were elected for 1914: President, Dr. W. H. Moorhead; vice president, Dr. A. Fowler; secretary and treasurer, Dr. M. C. John; censors, Drs. W. H. Boswell, B. L. Hill and W. W. Lowe; delegate to Arkansas Medical Society, Dr. C. W. Sillen; alternate, Dr. C. T. Rives.

LAWRENCE COUNTY.

(Reported by Dr. J. H. Stidham, Sec'y.)

Walnut Ridge, December 16.—The Lawrence County Medical Society met in this city December 3. Members present: Drs. McCarroll, G. M. Watkins, E. T. Ponder, J. C. Hughes, J. C. Swindle, Earl Thomas, J. W. Morris, T. C. Neece, J. H. Stidham, T. E. Steen and G. A. Warren.

After the scientific program the following officers were elected: President, Dr. G. M. Watkins, Walnut Ridge; vice president, Dr. C. C. Ball, Ravenden; secretary-treasurer, Dr. H. R. McCarroll, Walnut Ridge; delegate to the State Society, Dr. J. C. Hughes, Walnut Ridge; alternate, Dr. J. W. Morris, Denton.

YELL COUNTY.

(Reported by Dr. J. R. Linzy, Sec'y.)

Dardanelle.—The Yell County Medical Society met in Ola, December 8. Members present: Drs. Robert Cowger, J. R. Linzy, W. R. Brewer, C. B. Linzy and G. C. Davis.

The scientific program was as follows:

"Pellagra, with Report of Cases," by Drs. Davis and C. B. Linzy.

"Clinical Cases," by Drs. Brewer and Cowger.

"Sanitation," by Dr. J. R. Linzy.

The following officers were elected: President, Dr. W. R. Brewer; vice president, Dr. H. A. Britt; secretary, Dr. J. R. Linzy.

The meeting then adjourned to meet in Dardanelle, February 10.

BENTON COUNTY.

(Reported by Dr. R. T. Henry, Sec'y.)

Bentonville, December 19.—The Benton County Medical Society met December 9, at Rogers. Members present: Drs. Powell, Clegg, McHenry, C. A. Rice, Harrison, E. E. Pickens, Fergus, R. S. Rice and Smiley. Visitors present: Drs. Young and Perkins of Springdale.

The following officers were elected: President, J. T. Powell; vice president, Dr. A. J. Harrison; secretary-treasurer, R. T. Henry; delegate to the State Society, Dr. R. S. Rice; alternate, Dr. C. H. Cargile; censor, Dr. E. E. Pickens.

PIKE COUNTY.

(Reported by Dr. B. S. Stokes, Sec'y.)

Delight, December 16.—The Pike County Medical Society met in this city, Tuesday, December 9. The program for the evening consisted of a talk on "The Duties of County Health Officers," by Dr. G. W. Tolison.

The following officers were elected for the ensuing year: President, Dr. J. B. Thomason, Bills; vice president, Dr. W. P. Baker, Roseborough; secretary; Dr. B. S. Stokes, Delight; delegate to the State Society, Dr. W. P. Baker, Roseborough; alternate delegate, Dr. W. S. Watson, Amity.

The meeting then adjourned to meet again on the first Tuesday in February.

DREW COUNTY.

(Reported by Dr. W. A. Brown, Sec'y.)

Monticello, December 18.—The Drew County Medical Society met in this city on December 9. Members present: Drs. M. B. Corrigan, W. A. Brown, W. C. Kimbro, J. A. Collins, E. R. Cotham, S. O. Kimbro and F. L. Duckworth.

The following officers were elected for 1914: President, Dr. E. R. Cotham; vice president, Dr. W. C. Kimbro; secretary-treasurer, Dr. W. A. Brown; censor, Dr. M. B. Corrigan.

JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Sec'y-Treas.)

The Jefferson County Medical Society held its regular monthly meeting at Dr. Palmer's office in this city, January 6. Present: Drs. Breathwit, Crump, Luck, Lemon, John, Jordan, Shelton, Woodul, Spillyards and Palmer.

Some interesting clinical cases were reported.

Dr. W. S. Stewart, the essayist for the evening, was unavoidably absent.

Application of Dr. C. N. Doss for membership was received and held over until next meeting.

HEMPSTEAD COUNTY.

(Reported by Dr. L. J. Gillespie, Sec'y.)

Hope.—The Hempstead County Medical Society met in this city January 6. Present: Drs. Saner, Cannon, Gillespie, Russell, J. H. Weaver and Pool. Visitor: Dr. Wood of Spring Hill.

The Committee on Hospital reported that the money had been subscribed and the ground would soon be broke on South Main Street for a $10,000.00 modern county hospital.

Application for membership was made by Dr. R. E. Weaver.

The following officers were elected: President, Dr. W. F. Saner; vice president, Dr. J. H. Weaver; secretary-treasurer, Dr. L. J. Gillespie; delegate to the State Society, Dr. M. V. Russell; alternate, Dr. J. H. Weaver.

The president appointed the following committees:

Scientific Program—Drs. Cannon, Pool and Carrigan.

Credentials—Drs. Kelly, Smith and S. J. Weaver.

Book Reviews.

The Institution Quarterly.—An official organ of the Public Charity Service of Illinois. Editor-in-chief and Manager A. L. Bowen, executive secretary, State Charities Commission, Springfield, Ill.

In this issue will be found nine manuscripts, every one upon a different phase of the great question of eugenics and written by a man or woman of acknowledged national reputation.

This number of The Quarterly also contains the proceedings of the Seventeenth State Conference of Charities and Correction.

Genito-Urinary Diseases and Syphilis.—By Edgar G. Ballenger, M. D., adjunct clinical professor of genito-urinary diseases, Atlanta Medical College; editor Journal-Record of Medicine; urologist to Westley Memorial Hospital; genito-urinary surgeon to Davis-Fisher Sanatorium; urologist to Hospital for Nervous Diseases, etc., Atlanta, Ga.; assisted by Omar F. Elder, M. D. The Wassermann Reaction by Edgar Paullin, M. D. Second edition, revised; 527 pages with 109 illustrations and five colored plates. Price, $5.00 net. E. W. Allen & Co., Atlanta, Ga.

Much space in this book is devoted to the treatment of gonorrhea, prostatic disorders, the diagnosis and treatment of syphilis, especial detail being given to the indications, contra-indications and technic of the administration of salvarsan and neosalvarsan. A full description is also given to the technic and interpretation of the Wasserman and luetin tests.

The following is a summary of his treatment for gonorrhea: A well-ordered temperate life with moderation in eating and exercise. Sexual excitement and sexual intercourse should be absolutely forbidden. The patient should drink large quantities of plain water, lithia water, limeade and buttermilk, so as to provide bland unirritating urine to flush the urethral canal at frequent intervals. If seen very early, 25 minims of a 5 per cent solution of argyrol should be sealed in the urethra with collodion once daily for five days. (Technic with illustration is given on pages, 18, 19 and 20.) It should be held in the canal at least six hours each day; but the treatment should be discontinued at once if the discharge continues, or if the urine remains cloudy after two or three sealing-in treatments. When this fails or seems expedient on account of the extensive or severe inflammation, the injection of 5 per cent argyrol, 4 per cent protargol, one-half albargin, 2 per cent argentide, or 2 per cent cangentos should be administered three or four times

daily, and irrigations of potassium permanganate 1 to 8,000 in a physiologic salt solution should be given once in addition to the injections, once or twice daily. Oil of sandalwood should be given in 5 minim doses after each meal and at bedtime.

Anatomy and Dissector in Abstract.—By Stewart L. McCurdy, A. M., M. D. Author of "Oral Surgery," "Orthopedic Surgery," "Medical and Surgical Emergencies," "Bone and Joint Surgery." Professor of Anatomy and Surgery, School of Dentistry, University of Pittsburg. Fourth edition. Contains everything in Gray; 475 pages, with 81 illustrations. Price, $1.00. Published by Medical Abstract Publishing Co., 8103 Jenkins Arcade Building, Pittsburg, Pa.

In this vest-pocket Dissector in Abstract the author presents the most essential points in anatomy.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume 11, No. 5. (October, 1913.) Octavo of 174 pages, 52 illustrations. W. B. Saunders Company, 1913, Philadelphia and London. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

Among the interesting items considered in this number are the following: A fully described and illustrated operation for double inguinal hernia (Andrews operation); osteitis fibrosa cysticus of the upper end of the femur (transplantation); sarcoma of the thymus gland; ankylosis of the hip following sore throat; tuberculoma and carcinoma of the tongue; abdominal fecal fistula following puncture of the uterus by curet, and a talk on cancer by Dr. W. L. Rodman of Philadelphia.

The Practitioners' Visiting List for 1914.—An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and Thirty-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The Sixty-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, publishers, Philadelphia and New York.

The Practitioners' Visiting List embodies the results of long experience and study devoted to its development and perfection. It is issued in four styles to meet the requirements of every practitioner: "Weekly," dated, for 30 patients; "Monthly," undated, for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year, and "Sixty Patients," undated, for 60 patients weekly per year.

The text portion contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poison and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Pyorrhea Alveolaris.—By Friedrich Hecker, B. Sc., D. D. S., A. M., M. D. Member of the Academy of Science of St. Louis, Mo.; consultant in Bell Memorial Hospital of the School of Medicine, University of Kansas, Rosedale, Kan.; consultant at St. Margaret's Hospital, Kansas City, Kan. Illustrated, cloth, 157 pages. Published by C. V. Mosby Company, St. Louis, Mo., 1913. Price, $2.00.

The author of this book believes that pyorrhea alveolaris is the result of constitutional and exciting causes which lower the vital resistance of the alveolar process, gum, and the peridental membrane. He classifies the disease into the following varieties: Diabetic, interstitial nephritic, infective, gastro-intestinal toxemic, pre-senile, resulting from trauma, chemical, mechanical, thermal and bacteriological irritants.

The technic is given for making vaccines, collecting blood corpuscles and vaccination.

The last chapter describes local and prophylactic treatment.

SNODGRASS HOSPITAL

(Formerly the Physicians and Surgeons' Hospital)

LITTLE ROCK, ARKANSAS

I wish to announce that I have leased and refurnished the Physicians and Surgeons' Hospital, and say that every department will be brought up to the highest plane of hospital efficiency.

The Hospital Will Be Open to All Reputable Physicians.

The operating room will be in charge of a corps of trained assistants. One wing of the building has been equipped for an obstetrical department. If you have any patients who wish to enter a hospital for confinement, we will take care of them for you.

GOOD HOSPITAL SERVICE ASSURED

Patients suffering from a contagious disease will not be received.

Our charges are reasonable and equitable, according to the service rendered.

Very truly yours,

WM. A. SNODGRASS, M. D.

Write or telephone Snodgrass Hospital, Lincoln Avenue, Little Rock, Ark.

THE JOURNAL

OF THE

Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOL. X. LITTLE ROCK, ARK., FEBRUARY, 1914. No. 9

Original Articles.

SOME THINGS THE PUBLIC SHOULD KNOW ABOUT PRESENT-DAY MEDICINE.*

By C. E. Cantrell, M. D.,
Greenville, Tex.

Ladies and Gentlemen:

I offer you no apology for appearing before you tonight, because I have a message for you that concerns every human being in this city. If apology was necessary on this occasion, I would remind you that I am a native Arkansan and graduated in medicine from your own university. Not only was I born in Arkansas, but I was married in Arkansas. There are three great events in every man's history which compare with nothing else—birth, marriage and death. Two of these happened to me in Arkansas, and I shall have to die in Texas before such relations can be severed.

During the twenty years I have been in Texas I have done the best I could under the circumstances for the betterment of the men and women of my adopted state, and now, if I come back to Arkansas to help in an effort to better things for the people of my native state, I take it that you people will recognize my right to do so.

SECTARIAN MEDICINE.

Under this head, allow me to say the time has passed for quibbling over sectarian medicine. Men and women who would stick to dogmatic medicine today are blind to the truths that concern their fellow-beings. There is nothing more natural than that men and women will differ in the process of arriving at the truth about medicine, and I have no higher commendation for the men who accepted the dogma of allopathy than I have for Hahnemann and his homeopathic followers.

The idea of dividing into theoretic schools of medicine today is foolishness, and brings no good to the people. Men have differed in all ages of the world in the zone of investigation, but as they pass over the field of investigation and have found the truth, it leaves a safe zone for the people while they investigate the unknown fields of science by their different methods. We can speak of medicine today truly as a science. Not that we are informed on all of the subjects concerning the health of the people, but we have so much exact knowledge about disease today that the only thing necessary for the honest investigator is to give up error when it is pointed out to him and embrace the truth as it is shown to him. I see no reason why any sect in medicine should boast of having discovered the whole truth of present-day medicine, because the basic principles underlying what is now accepted as the true cause of disease was found by a man who was not a physician, but a scientist, a genius in scientific research, Louis Pasteur.

PASTEUR'S FINDINGS AS APPLIED BY LISTER, KOCH AND OTHERS.

Louis Pasteur, as you will remember, was a genius who worked out problems for himself. His investigations as to the cause of the destruction of vineyards and silk worms in France attracted the attention of the whole civilized world. It was due to his efforts that we have the present-day microscope, through which we may see the real cause of disease. Of course, Pasteur had his helps and helpers in this work, especially the work of John Jackson Lister, who was the father of Joseph Lister, the great surgeon. John Jackson Lister, being a wine merchant, was naturally attracted by the work being accomplished by the young Frenchman, and contributed to

*An address delivered before an open session of the Pulaski County Medical Society, held at the Hotel Marion, Little Rock, Ark., November 22, 1913.

his making a microscope by describing to him a principle that he had discovered by finding an air bubble in a window pane in his father's house, which enabled him to see better than through the balance of the glass, owing to his being near-sighted. When Pasteur had found that germ life was what destroyed the silk worms and made putrefaction in the bugs and beetles that fell in his course of investigation, and when he made his announcement and it came to the notice of Joseph Lister, who was educated in medicine by his father, the wine merchant, who had profited by Pasteur's findings, what was more natural than that he should visit this genius in research and study the findings with him to see if putrefaction in human flesh was caused by germ life? When Joseph Lister became convinced that this was a fact, he went back to Glasgow, where he had a position in the hospital as intern, and by the application of Pasteur's methods was rewarded by seeing not only that one hospital, but all of the hospitals in Glasgow cleared of gangrenous wounds, and the places that had been considered only fit for people to die in became really health resorts for those who were sick. When Joseph Lister had seen his work succeed so admirably in Glasgow, he was transferred to Edinburg and put to work by the noted surgeon Syme in the hospitals at Edinburg, where he saw the same results follow the strict application of antiseptics that had followed his work in Glasgow. From here he was transferred to London, near which city he was born, where his first paper was read before the Medical Society just a little more than thirty years ago. It was perfectly natural that the medical profession, and especially the surgeons, should oppose this young surgeon in view of the fact that the medical profession in London had nothing of the kind in its literature; but nevertheless, the young surgeon, with his usual diligence, applied his antiseptics and was rewarded with success, convincing even Queen Victoria herself, who submitted to his operation under antiseptic precautions and was healed without pus. This, of course, broke down all opposition, and the world began to sit up and take notice; investigations began to be made in Vienna and other surgical centers, which finally brought blessings of cleanliness to the whole race. After having witnessed the success of all his undertakings, in writing to Louis Pasteur, he ascribed all of the honor to this great man in view of the fact that all of his work had been based on the findings of Louis Pasteur.

During the time that Lord Lister was applying antiseptic and aseptic principles in surgery, the great German investigator Koch and his students were making investigations after the manner of Pasteur in internal medicine. Koch soon found that many of the fevers and internal diseases were caused by germs. After his visit to Pasteur, it was not long until he had discovered the tubercular baccilus which is now generally conceded to be the cause of the "Great White Plague."

After the medical world had conceded that Koch was correct in his contention, the first investigations by other men began to be made, and it is directly due to his findings that we have been able to reduce the percentage of deaths from this dread disease fifty per cent. This showing was made by the last report of the International Congress on Tuberculosis. Some years after the world has credited Koch with having discovered the cause of tuberculosis, he made a visit to the United States, during which time he was entertained by some members of the profession at dinner. After several members of the profession, giving him credit with having made the great discovery, and stating that the investigation had been made at great sacrifice by the investigator, Andrew Carnegie, who was a member of the party, said: "I had rather be the discoverer of the cause of the 'Great White Plague' than to have all the millions in the world; and you can say this man has done this work at a sacrifice of his time and money. I offer you now money to maintain his laboratory for the balance of his life."

When it came time for this great investigator to respond, he said in part: "While it has been a sacrifice of time and money to make these investigations, yet it has not been irksome, but a labor of love." Instead of being a burden, he had amused himself through all these years with this work. After thanking the other physicians for their compliments, and Mr. Carnegie for the money offered to support his laboratory, he said that he was glad that he might have the opportunity to amuse himself for the remainder of his life.

While the investigators in medicine have been for the most part philanthropists, it has not always been so. One has but to think back for a few short weeks to remember the exploitation made by Frederick Franz Fried-

mann of his so-called cure for pulmonary tuberculosis. I mention this that you may contrast his conduct of flaming newspaper advertisement for months before his arrival in America with the modest manner in which the discoverer of the cause of tuberculosis treated this subject when being entertained in America. I mention it also that you may understand the importance of the work that was done by the Bureau of Health of our government, the importance of which is growing each day. But for the work done by the committee appointed by Surgeon General Blue to investigate this remedy and see whether or not the claims of the discoverer were correct, Friendmann probably would have made the millions that he hoped for in America, and the sales of his remedy would have lasted over a period of years, and many people probably would have been discommoded or destroyed. If the Bureau of Health and Marine Hospital Service had rendered only this service to the American people, all of the money that has been paid for its establishment and maintenance would have been well expended.

If we could have this bureau changed into a Department of Health in our government, and men set to work to benefit the interior, as well as the border of our country, it would be worth vastly more than to remain as it is, only a bureau in another department. We should feel encouraged by the work that has been done in solving this problem of prevention of disease by men of our own country. While we are paying tribute to Pasteur, Lister, Koch and their followers, we should not forget to pay tribute to our own men who have surpassed all the men of other governments and investigators in tropical medicine. To rid our country of yellow fever and discover the method of infection cost the lives of some of our best men in Cuba during the investigation that was made by our government at Havana. It has given me great pleasure to contribute to the Carroll fund and pay tribute to Reed, Ricketts, Lazier and others, who made as great sacrifices as is possible for men to make.

When we remember that the principles underlying the whole fabric of our knowledge of preventive medicine are not more than a generation old, we should all take hold with renewed effort that greater things yet may be done for this great country of ours. If one is at all skeptical about the truth of these principles, it would only be necessary to call their attention to the fact that we will have no more epidemics of yellow fever in America, and to the work done by our own Dr. Gorgas in the canal zone to satisfy the most skeptical.

When the question was put before President Roosevelt of appointing a commissioner of health for the canal zone, his first impression was that he needed only engineers and workmen, but finally he became convinced that he needed a commissioner of health, and appointed Gorgas, who had already distinguished himself by rendering service to our country during epidemics of yellow fever. The result was that this canal was built under rules that made the workmen as healthy as they could have been in any state in the Union.

Health Stations Necessary.

Gorgas found in his work that it was necessary to establish stations at which the cause of disease should be studied and the prevention worked out in each locality separately. No one can lay down rules to govern a given territory without studying the diseases peculiar to that special territory. Even though a disease is caused by infective germs, the disease behaves differently in different localities and will require different curative and preventive measures.

The news comes to us from abroad, as well as at home, that privately owned and privately endowed hospitals do not make suitable stations for the study of the cause of disease. The reasons for this are twofold: First, such hospitals do not provide places for the teaching and investigation of disease, especially of the most violent character; second, if they did prepare such wards, they would not have the legal power to enforce them. The old world is finding it troublesome now to make proper studies in hospitals in the localities in which such hospitals are situated, because of a lack of legal power to do so. It has been found necessary that the commonwealth should own and operate, at least that the hospitals shall be operated under the law of the land. This is made necessary because the people themselves will not submit to the laws of health, unless they are forced to do so by the constabulary. Each state and subdivision of each state, with property sufficient to maintain it, should have a hospital owned and controlled by the commonwealth, where all classes of diseases are

taken and properly taken care of as to protect the community from contagious diseases, and such place should be made a health station, where the cause for the diseases effecting the people could be studied in that locality and the health of the people properly protected.

Raising the Standard of Medical Education.

Some years ago an investigation was made (by Abraham Flexnor) of the medical colleges in America, and it was found that the American schools of medicine were so far below the standard in other countries that the American Medical Association undertook the task of raising the standard of medical education in America. The House of Delegates of the American Medical Association appointed a council or committee for the purpose of carrying on this work, and an inspector for schools was employed, who has spent all of his time in such work since. By pointing out the defects in the schools, we were able to reduce the number of schools; sometimes by consolidation of two or more schools, at other times by inducing those interested to give up medical schools, until at this time we have about 104 or 105 medical colleges in America, whereas a few years ago we had 166. The reduction of the number of schools and the increased helps provided by the schools remaining, as well as the entrance requirement being raised for students, has brought the American medical colleges up to a standard. With few exceptions our schools will compare favorably with that of the best of the Old World, and of this we were beginning to feel very proud, when the word came to us from the schools that we were elevating the standard of medical education to such a point that the people were not willing to follow and obtain the benefits of the advanced teaching, and asked us to lower the standard so that the schools might be able to exist, only keeping pace with the knowledge that the people required their physicians to have. The American Medical Association refused to be guided by this request, and instead of lowering the standard of medical education, has continued to increase the requirements year after year. Looking to the time that the people might be benefited by this elevated standard of medical education brought forth the idea that the public should be taken into our confidence and sufficiently educated that they would follow the lead and teaching of the young physicians that are now being educated in the medical colleges. This action and a report of our forward step was the answer to the medical colleges who asked that the standard of medical education be lowered.

Since 1910 the Council on Public Education has been able to secure the services of many of the best men in America to go before the people on the public platform, before ladies' clubs, in the churches and elsewhere, talking to the people in public meetings, telling them of the blessings in store for them in preventive medicine and creating sentiment for legislative work to the end that laws may be put into effect and the people profit by personal knowledge of preventive medicine.

This is why I am before you tonight, telling the story of the advance in medicine and begging the people to study sufficiently to help them to understand that they and their children may have increased years of life, health and happiness, and it is my intention to continue this work along with my fellows until the colleges of America shall have no cause to regret that the American Medical Association has raised the standard of medical teaching. It is for this cause that I would beg you to raise the standard of medical teaching in our beloved State of Arkansas until it is the equal, or surpasses, any state in this Union. If you are to do this, you must not only increase the teaching capacity of your laboratories. It is not enough that you should employ the best teachers in the land, but you must build a great hospital that will be entirely under the control of the State, so that every bed in this hospital will be a place where the young men of this State can be taken and taught medicine by the bedside. As it is, you are not fulfilling the needs of these young men, and you are taking the time of the young men who are seeking a knowledge of medicine without giving them the best chance to secure it. They will never have another opportunity; the time of a young man that is taken without giving him what might be given him in return could not be purchased back with gold—yea, with much fine gold—and the man who will stand in the way of the progress of medical education places himself in the attitude of robbing young men of time that he could not restore to them.

Allow me to express the hope that the people of Arkansas will soon come to know that there need be no sickly places in this

State; that one place can be made just as healthy as another; that this has been proven so often that no one need be skeptical about it further. The people are living a longer or shorter time all over this world in direct proportion to the way they obey the known laws of health. Let us hope that in the near future all of the differences as to the theories of medicine will be laid aside in this State, and that the people will follow the young men we are turning out from our institutions, and that life and health will be conserved thereby, and may God speed the time when Christian Science, with all of its foolishness, will be laid aside, and preventable diseases that are now committed into the hands of so-called healers will come under the management of commonwealth hospitals and health officers, who will be able to conserve the health of each community. If one would ask me for a proof that the contentions of the Christian Scientists are foolishness, I would give them the example of Japan, who, during the life of one man, established medical schools and educated their physicians, who were able to lead the people to better health and increase the life of the average citizen more than 50 per cent, and this without the aid of Christian Science or any of the faith cures, because Japan was a pagan nation.

If I could only induce the people under the sound of my voice to faithfully follow their physicians, I am sure that in a short period of time the balance of the citizenship of this State would fall in line, and in one generation, eight and one-third years would be added, on an average, to the lives of the citizens of the "City of Roses."

THE IMPORTANCE OF LUMBAR PUNCTURE IN THE DIAGNOSIS OF SYPHILITIC NERVOUS LESIONS.*

By E. P. Bledsoe, M. D., Little Rock.

The examination of the cerebro-spinal fluid as a means of diagnosis is of great importance, especially in the differentiation of certain syphilitic and so-called para-syphilitic conditions. Normal cerebro-spinal fluid is clear and water-like, having a specific gravity of 1006, a slightly alkaline reaction, and is practically devoid of all corpuscular elements. It contains very faint traces of protein, its principal constituent being sodium chloride, although it contains phosphates and carbonates in small amounts, with traces of dextrose and urea. The amount varies in pathological states, and may be enormously increased in some conditions, i. e., general paralysis.

Normally, the average amount of secretion daily is from 125 to 150 c.c. The cerebro-spinal fluid contains no albumen, only traces of globulin. It is therefore not an exudate, but is a secretion of the choroid plexus. It is secreted principally in the lateral ventricles, whence it escapes by the "iter" into the fourth ventricle through the foramen of Magendie into the sub-arachnoid space. It serves to equalize the pressure of the cerebro-spinal axis and also as a protector to the organs, especially the base of the brain.

The cerebro-spinal fluid is obtained by lumbar puncture, first introduced by Quincke. This operation, though comparatively simple, should be performed with care, bearing in mind the fact that the too sudden withdrawal of the fluid may bring about fatal results, especially in cerebral tumors.

With the patient in a sitting position and the back well bent forward, a large needle of about one and one-half millimeters is introduced about one-fourth inch from the middle line between the third and fourth lumbar spines. As soon as the canal is reached the fluid begins to flow, the rapidity of the flow making an excellent rough estimate for the cerebro-spinal pressure. In a normal individual, with a needle of ordinary caliber, the fluid should escape at a rate of from forty to eighty drops per minute. For more accurate work, one of the simple water pressure gauges may be used. The normal pressure varies from 50 to 150 m. m. water, and anything over 200 may be considered pathological. The escaping fluid should be caught in a sterile vessel and set aside for chemical and microscopical examination.

The microscopical examination of the fluid is of the greatest importance in the diagnosis of syphilitic nervous lesions, and should be adopted as a routine practice where such lesions are suspected. The technic is comparatively simple, and may be carried out with little apparatus.

After withdrawal, the fluid may be shaken to distribute the cells evenly, and a drop placed on a Thoma-Zeiss slide, and the num-

*Read in the Section on Dermatology and Syphilology of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

ber of cells counted on the whole 400 squares. This number multiplied by 10 gives the number of cells in 1 c.m. of fluid and serves as a rough estimate of the number of cells present. A more accurate estimate may be made by the use of the Fuchs-Rosenthal chamber, the fluid being mixed with a coloring solution and counted as in blood work. Owing to the larger counting capacity of the Fuchs-Rosenthal chamber, it is much more accurate for fluid with a low cell count. After an estimate has been made of the number of cells present, the fluid should be centrifuged and the residue placed on a slide dried and stained with Wright's or Leischman's stain. Normally, the cerebro-spinal fluid contains only two to three lymphocyte to a field, and as a general rule anything over five may be considered pathological. However, in certain conditions in progressive parasyphilitic lesion and syphilitic spinal meningitis, the number of lymphocytes is greatly increased. In acute syphilitic meningitis the lymphocytosis may be enormous—as high as 3,000 to 4,000 cells per c.m. Generally speaking, the amount of lymphocytes may be taken as an index of the activity of the disease. It is also a valuable guide to the effects of anti-syphilitic treatment.

Lymphocytosis occurs occasionally in other conditions. It has been found in Landry's paralysis, in sub-acute combined degenerations and tubercular meningitis. Therefore, it cannot be regarded as pathognomonic of a meningitis, but where taken with other facts its existence is a valuable diagnostic sign of syphilitic or para-syphilitic conditions. It is especially valuable in the differentiation of early cases of paresis from alcoholism and allied conditions. The presence of a definite lymphocytosis in such a case, even in the absence of marked clinical symptoms, would justify the diagnosis of paresis and a bad prognosis.

There is a close relationship between the increase of lymphocytes in the cerebro-spinal fluid and an increase in the proteid constituent. Normally, there is a mere trace of globulin present.

In syphilis of the nervous system this becomes greatly increased, the quantity is of great value as an index of the severity of the process in the meninges. The amount of globulin may be easily estimated by testing the fluid with either the Nonne-Apfellt, ammonium sulphate or the Noguchi butyric acid test. In my own experience I prefer the Noguchi test, as it has proven more accurate in my hands. The presence of the marked increase of globulin in the cerebro-spinal fluid is highly suggestive of neural syphilis, although this increase has been observed in other conditions.

In paresis, and to a less degree tabes, there is an increase of the globulin content of the fluid, also a pleocytosis, the degree of which is probably dependent on the activity of the process. These reactions, when accompanied by a positive Wassermann in both blood and spinal fluid, constitutes the so-called Nonne four-phase reaction, which is pathognomonic of neural syphilis.

In conclusion, I will say that a careful cytological examination of the cerebro-spinal fluid is indicated in all suspicious cases, as it is at present the most valuable method we have in the diagnosis and differentiation of syphilitic nervous lesions.

DISCUSSION.

Dr. Ogden (Little Rock): I did not come prepared to discuss the paper. I have seen a good deal of that work to which Dr. Bledsoe refers. I have heard more than one neurologist—which I am not—express their opinion that a diagnosis of paresis was not complete without a cell count and examination of the cerebro-spinal fluid. In fact, I do not believe that Dr. Greene here, of the insane asylum, will accept the diagnosis of paresis unless that report accompanies the findings. Dr. Bledsoe still refers, I suppose, as a matter of habit, to para-syphilitic diseases. Noguchi seems to take tabes and paresis out of the para-syphilitic class and places them in the late manifestations of syphilis. I enjoyed the paper very much.

Dr. Bledsoe: Dr. Ogden accuses me of referring to para-syphilitic lesions from habit. If I remember correctly, I qualified that statement by saying "so-called para-syphilitic lesions." I was acquainted with the work he was speaking of, and I am sure the term "para-syphilitic" has not yet gone out of use. It is still observed occasionally in literature. I perhaps did not go exhaustively into the technic of this condition, as I merely wished to call attention to the importance of the condition as a diagnostic measure. The technic is, as I say, comparatively simple; and anyone with a knowledge of clinical microscopy can perform it. With the present knowledge of those conditions of neural syphilis, no case can be thoroughly investigated until an examination, both microscopic and chemical, of the cerebro-spinal fluid has been made.

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Editorials.

RESPONSIBILITIES OF LOCAL HEALTH OFFICERS AND INDIVIDUAL PHYSICIANS.

Attention is called to the paper read by Dr. John W. Trask, assistant surgeon general United States Public Health Service, before the first annual conference of sanitary officers of Arkansas, held at Little Rock, October 28 and 29, 1913, and published in full in our January number. This should be read by every health officer and every physician in the state. Dr. Trask points out the duties and responsibilities of health officers, and also places the responsibilities resting on every practicing physician to report all cases which the statute requires him to report; and not to stop at that, but also to report all cases, not directly contagious, but which may be due to local or trade conditions which the Health Department may perhaps abate by removing the cause.

In the last analysis, the health of the state depends chiefly on the local health officers. The State Board of Health is the governing body. It issues orders and has the power to enforce them, but the State Board would be shorn of nearly all its usefulness if it had not the co-operation of the municipal and county health officers throughout the state. In order to act intelligently, it must depend upon reports of conditions and the existence of certain diseases throughout the state. In like manner the local health officer cannot report such cases as demand action by the State Board unless the physicians in his locality first report them to him; otherwise he could only report such cases as chanced to fall to his own practice, or of which he might gain knowledge incidentally.

To illustrate: Within the month eight cases of that dreaded disease, spinal meningitis, have been reported from the town of Shirley, and five other cases within a radius of twelve miles of that town. Dr. Morgan Smith, secretary of the State Board of Health, was notified, and at once went to the scene. He consulted with the local physicians, placed at their disposal a supply of meningo bacterin to be used as an immunizer on such as had been exposed to infection. The result of these prompt measures was that for two weeks no new cases have developed, and the outbreak is under control, and probably eliminated. But for these preventive measures, the disease might have spread, as it did in Texas two years ago, with a large mortality, when part of the state was under rigid quarantine, to the great detriment of all business interests.

Perhaps half a dozen physicians or more were called in to attend these thirteen cases. It is possible that the health officer may not have had one case in his private practice, and it is within the bounds of possibility that, without receiving reports from the attending physicians, that he might have remained in ignorance of the existence of spinal meningitis, and, in turn, the State Board of Health would have had no knowledge of it, and preventive measures would have been neglected until perhaps the disease had so spread as to be difficult to cope with.

The importance, therefore, of the duty of every physician to immediately report contagious diseases to the health officer of his locality is apparent, and will be heeded by every reputable physician as a duty he not only owes the community and the State Board of Health, but to the families in his own practice.

If typhoid fever exists, there must be a source of the disease. It may be from the wa-

ter supply, from unsanitary conditions in the cow shed, from soil pollution, from inadequate means of disposing of excreta. Whatever the cause, the public health is involved, and steps must be taken to remove the cause. The physician, individually, has not the time nor facilities to trace the cause. If he discovered it he would have no power to order its abatement. The State Board of Health has the power, and a report from the local health officer will bring about action.

There are other diseases due to local conditions, however, not directly contagious, which the physician is required to report under legal penalty. Under this head comes malaria in all its forms. Probably drainage may be necessary, the oiling of stagnant pools, and other anti-mosquito work done. The important thing is that the State Board of Health be made acquainted, through the various local health officers, with health conditions generally. Such knowledge should not be confined to contagious and infectious diseases, but to preventable diseases. Inasmuch as medical science is constantly discovering preventive measures in cases once thought beyond all power of prevention, it would hardly be amiss to report every case beyond the simplest ailments to the local health officer, if only for the value of comparative reports from year to year of the health conditions of every community. At least every case of possible preventable disease should be reported, whether or not it is included in the list physicians are legally bound to report.

SOUTHERN MEDICAL ASSOCIATION AND ITS JOURNAL.

The Southern Medical Association has made the most tremendous progress of, perhaps, any association in the world. Its growth in membership from 300 to 2,500 in the short space of three years is phenomenal. Nor is the association satisfied with this remarkable showing. It aspires to a membership of 5,000 as a half-way point to 10,000, and then to become, next to the American Medical Association, the greatest association in the world.

The Southern Medical Association in no sense conflicts with state medical societies. It is almost safe to say that every member composing it is also a member of the state society of his own state. The more medical societies a physician is a member of, the better for that physician and for the medical profession. Therefore, we most sincerely hope that the Southern Medical Association will reach its 5,000 goal, then go on to its 10,000 goal, and keep on setting goals further along and reaching all of them.

The Southern Medical Journal is a child of the Southern Medical Association as the Arkansas Medical Journal is of the Arkansas Medical Society, and it reflects credit on its noble parentage. It is clean, progressive, ably edited. Its contributors are among the foremost physicians in the South. In questions of ethics and proprietary medical advertisements, in exposure of quackery, in all efforts for the uplift of the profession and the disparagement of the unfit, it is always and emphatically on the right side.

Dr. Seale Harris of Mobile, secretary of the Southern Medical Association, writing of the value of medical journals in building up medical associations, says that Mr. Braun, business manager, and Dr. Simmons, editor of the Journal of the A. M. A., state that 60 per cent of the present membership of the A. M. A. were first subscribers to the Journal, and without the Journal the A. M. A. could never have attained its present membership and influence.

This is true of all state medical societies, and in commending to our readers the Southern Medical Association, it is a natural sequence that we also commend the most excellent Southern Medical Journal.

HARMONY AND CO-OPERATION IN MEDICAL SOCIETIES.

A secretary of a county medical society, in reporting the proceedings of a meeting, adds: "Heretofore our society has been on the drag, and I am sorry to say that the year just past has been absolutely a failure. There is one thing we have needed in the society above all else, and that is harmony. Without this we can never hope to put anything in or get anything out. I believe in organized medicine, and, as your secretary, expect to do everything in my power to uphold it and try to neutralize the rattlesnake venom that existed in it for so long a time."

We did not print this in the report of the proceedings for several reasons. One is that we do not think that it is the proper place for it, as reports of meetings should be confined to the actual news. Another reason is that the secretary gives hopes of better things to come this year, and, with a secretary de-

termined to do all in his power to build up the society and neutralize the venom alleged to exist, the hope should be realized; for a good secretary is the life of a society. And as repentance is at hand, it is not a good policy to expose the society's past shortcomings by identifying it by name.

Let the bickerings of the past be buried.

There is food for thought in this arraignment of the society by one of its officers. Harmony and co-operation are absolutely essential to the success of any society under the sun. "A house divided against itself cannot stand."

The noble profession of medicine is the holiest calling outside of the church. A profession given over to life-giving, whose first aim is to benefit mankind, has no room or place for petty jealousies or "rattlesnake venom," as our correspondent more emphatically puts it. All of us have something more to learn every day. We can learn it by interchange of views and experiences. Therein is the chief benefit of medical societies, county, district, state and national. We can learn nothing so long as we indulge feelings of envy and jealousy toward our fellows. Let us, in a broad spirit, give credit to every effort to enlighten and instruct rather than to disparage such effort because of personal prejudice or dislike. In the society and out of it be above indulging the baser emotions. Harmony and co-operation should be the watchwords in every medical society.

And, Mr. Secretary, don't be content with neutralizing that rattlesnake venom—eliminate it.

Editorial Clippings.

RADIUM.

A new remedy and an untried field of pathology has been exploited by the lay and the medical press. We have learned that radium is a cure for cancer, just as we learned that tuberculin cures tuberculosis and sarvarsan cures syphilis! As usual, we grow enthusiastic over a new thing, only to find that time and experiments dampen our ardor.

Prof. Ernest Schweninger of Munich is vigorously protesting against premature optimism in regard to the virtues of radium. Every disease, no matter how virulent, may be temporarily arrested by the infusion of hope based on a new therapeutic agent. We are like children in this respect; we enjoy the sensation of springing a new toy which will take the place of all others. We rejoice that a new serum has been discovered (?) which will contain a bactericide that kills all pathogenic bacteria. We even expect that, ultimately, all forms of disease may be cured by a special serum. Perhaps the experimenters are right, or at least their theories will, in years to come, prove true. Now, however, is the time to wait before spreading an undigested view of new remedies.

Radium is exceedingly scarce, and it can be used only by a very few people, and, evidently, for a very few diseases. To assert that radium will cure or modify the relentless march of cancer is absurd. It must be tried and proven for years.

If the newspapers continue to hope that this rare mineral is a wonder-worker, it will be only a short time before the enthusiastic quack will advertise a radium preparation. Already the press has acepted alleged radium preparations; and the probabilities are that such remedies have not been within a thousand miles of a radium crystal. The papers tell us that radium fields are opening, and that the government is restricting the sale of land that contains the precious metal. One aggrieved owner tells us that a philanthropist is planning to spend $15,000,000.00 in establishing radium hospitals! This information is interesting, and probably untrue, but it will cause a good many people who ought to be helped, if not cured, by the surgeon's knife to delay until they have tried radium. The old Chinese proverb holds good as to radium: "Believe nothing that you hear and only half that you see."

For the present, radium will not be given out freely by boards of health, and until it can be purchased as cheaply as neosalvarsan it might be well to accept good, old-time advice and wait until the present excitement subsides.—The Journal-Lancet.

NEW METHODS OF TREATING SYPHILIS.

The last word in the treatment of syphilis is still far away. The introduction of salvarsan and neosalvarsan have been held, and justly so, as the greatest therapeutic discoveries of modern times, and probably the future treatment of syphilis will be along the lines of chemotherapy, but we are by no means satisfied that either of these substances will continue to occupy the center of the

stage very much longer. Numerous investigators in various parts of the world are studying the subject, both chemically and experimentally, and, while the paths which they are following were first illuminated by the torch kindled by Ehrlich, it is by no means unlikely that discoveries may be made which will cause the salvarsan products to be displaced by others which will be found safer, more efficient and more easily administered. For instance, in a recent article (Deut. Medicin Woch., 1913, p. 385), Tsuzuki gives an account of experiments in which the arsenic of salvarsan was replaced by antimony and the benzol ring by tartaric acid, which is known to have affinities for certain bacteria. Tsuzuki explains the action of the antimonial compound on the basis of Ehrlich's side chain theory. Various experiments were made with various combinations of antimony, and finally a compound consisting of antimony oxide with potassium bitartrate and ammonium was arrived at, to which he gave the name "Antiluetin." This substance has been tried out both on animals and human beings, and quite remarkable results have been obtained. In several cases which had proved resistant to both salvarsan and mercury the symptoms promptly disappeared after the injection of antiluetin. The drug is not painful, and may be easily administered subcutaneously. Further experimentation may show that this new preparation is more efficient than salvarsan, and it is certainly less toxic.

Many other investigators are at work on this same problem, and in Ehrlich's own laboratory experiments are being made with various drugs and combinations of drugs in the hope of finally discovering the one best and safest remedy for syphilis. Upon one point all are agreed at present, namely, that no matter what new treatment is used, mercury and iodide of potassium must still be regarded, as they have been for so many years, as our main reliance for the final cure. The other remedies so far proposed are useful in causing the rapid disappearance of the most prominent symptoms, but mercury and the iodides cannot be dispensed with. For the present we feel safe in affirming that the man who knows how to use mercury in the best manner in each stage of syphilis, and who studies carefully the idiosyncrasies of his patients, will have the best success in the treatment of syphilis.—St. Paul Medical Journal.

Personals and News Items.

Dr. R. C. Kory of Little Rock has returned from Baltimore.

Dr. Hugh B. Henry of Prescott has moved to Antoine.

Dr. George S. Brown of Conway visited in Little Rock this month.

Dr. J. B. Wharton of El Dorado spent several days in Little Rock this month.

Dr. L. M. Crow of Crossett has moved to Des Arc.

Dr. H. H. Niehuss and Dr. R. E. Rowland of El Dorado visited in Little Rock this month.

Dr. O. A. Carruth, formerly of Warren, has opened an office in the State Bank building, Little Rock.

Dr. E. T. Bramlett and Dr. E. H. McCray of Malvern recently spent a day in Little Rock.

Dr. M. I. Barger, assistant superintendent of the county hospital, Little Rock, has moved to Lamar.

Dr. J. W. Phillips of Benton and Dr. J. F. Rowland of Hot Springs visited in Little Rock this month.

Dr. J. B. Roe of Newark and Dr. H. H. Smith of Calico Rock are in New Orleans, taking a six weeks' course at the New Orleans Post-graduate Medical School.

Dr. P. E. Johnson of Holly Grove and Dr. J. E. Jones of Erin are in New York City attending the clinics and lectures at the Post-graduate Medical School and Hospital.

Dr. Earle Hunt of Clarksville visited in Little Rock this month. Dr. Hunt will leave soon for New Orleans to attend the Post-graduate Medical School.

Dr. Charles S. Allen has removed from Pettigrew to Kingston.

Dr. J. N. Pate of Daisy recently visited Little Rock. Dr. Pate will move to Glenwood March 1.

Dr. Frank B. Young of Springdale, president of the Arkansas Medical Society and the State Board of Health, recently visited in Little Rock.

Dr. C. P. Meriwether of Little Rock, secretary of the Arkansas Medical Society, attended a meeting of state secretaries February 25, at Chicago.

Dr. W. G. Pittman, recently of New Orleans, has accepted a position as assistant to Dr. A. G. McGill in the laboratories of Dr. Runyan in Little Rock.

The Tenth Annual Conference on Medical Education and Public Health Education and Legislation, will be held at the Congress Hotel, Chicago, Monday and Tuesday, February 23 and 24, 1914, under the auspices of the Council on Health and Public Instruction and the Council on Medical Education of the American Medical Association. All state licensing boards, state boards of health, state medical societies and other organizations interested should have representatives present at this conference.

Resolution from the Little Rock Annual Conference, Methodist Episcopal Church, South, at Pine Bluff, November 18-24, 1913:

"Whereas, The physicians in the bounds of the Little Rock Conference have rendered such valuable and efficient service in their profession to the pastors and their families, for which services they have never charged a cent; therefore, be it

"Resolved, That this Conference vote a resolution of thanks to such physicians for their free and efficient service.

(Signed) "J. R. Sanders, B. A. Few, J. T. Rodgers, R. W. McClintock, J. L. Leonard."

FOR SALE—One Wantz X-ray Coil, manufactured by the Victor Electric Company, one Western Coil, 16-inch, manufactured by the Schiedel-Western Electric Company. Both machines suitable for therapeutic and heavy radiographic work. In perfect condition, and at a reasonable price. Address, Dr. A. M. Zell, Urquhart Building, Little Rock, Ark. (Advertisement.)

Abstracts.

CHOLELITHIASIS.

The differential diagnosis of cholelithiasis from gastric and duodenal ulcer is discussed by W. G. Mallory, Washington, D. C. (Journal A. M. A., January 24.) A frequently made statement that gall-stones give no symptoms in a large proportion of cases requires, he thinks, some qualification, and he therefore calls attention to those cases presenting indirect symptoms that are liable to be referred to other organs. After describing the innervation of the liver and gall-bladder by the vagus in common with the stomach, he mentions the possibilities of adhesions causing almost any degree of disturbance of gastric function. The physiologic relation existing getween the stomach and gall-bladder is also a cause of confusion. Contractions of the gall-bladder are normally produced by the passage of food through the duodenum, and a biliary colic may be excited by the obstruction of the duct occurring with this passage, and eating may thus cause an attack. The diseases mentioned as most simulating biliary colic are gastric or duodenal ulcer, appendicitis and kidney lesions. More rarely are right-sided pleuritis, the gastric crises of tabes, lead colic and aneurysm of the hepatic artery, kidney lesions may be excluded by urinary examination, the Roentgen ray, etc., but the correct diagnosis of gastric or duodenal ulcer is especially important. From the fact that gastric symptoms commonly occur in biliary disease while an attack of biliary colic is not always characteristic. It often begins during digestion with moderate epigastric pain, gradually increasing in severity and sometimes relieved by vomiting. These symptoms and findings from stomach examination of hypo- or hyperacidity and delayed digestion may mislead the physician. There are, however, certain characteristics by which primary gastric disease and reflex disturbance may be distinguished. While biliary colic may occur after taking food, it is not so much affected by the character of the food, and the duration of the pain is different. The local tenderness is more significant, but still of uncertain value. The tenderness of duodenal ulcer is usually more circumscribed and gall-bladder pain elicited by pressing under the margin of the ribs at the moment of deep inspiration is always present in biliary colic, and also characteristic. The dorsal tenderness of ulcer is rarely limited to the right side. The circumscribed tenderness three finger-lengths from the spine on the right side from the twelfth thoracic to the first lumbar vertebra, described by Boas, is characteristic of biliary disease. Jaundice is not significant. Nor is the absence of fever. Examination of feces often gives evidence of value, but the presence or absence or occult blood should be interpreted

with care, as ulcer and cystic disease may coexist. Its entire absence excludes active ulcer. Three illustrative cases are reported.

PELLAGRA.

G. M. Niles, Atlanta, Ga. (Journal A. M. A., January 24), while admitting that the etiology and pathology of pellagra are yet obscure, thinks that the disease is more manageable than it is sometimes considered to be, and gives the details of his method of treatment. The hygienic measures, he says, are the same as those of other exhaustive diseases, with two exceptions. The first is that alcoholic beverages in any amount seem to be highly detrimental, and the other is that sunlight should be avoided, as the actinic rays seem to have an especially irritating effect which is most marked in early spring. In the diet he prohibits corn bread and corn products unless he knows that they are perfectly fresh and that the corn has undergone no heating. Until the "zeist" theory is completely disproved, we owe our patients this precaution. As to other dietic measures, it must be kept in mind that the disease is not primarily localized in the gastro-intestinal tract, but is a centralized irritation, plus the effect of toxins eliminated through that tract. The early diarrhea is mainly of central origin and to some extent compensatory, and therefore does not call for a very limited regimen. Woody vegetables and foods yielding a large residue in the bowels are mechanically contra-indicated and should be replaced by other nourishing foods. The fleshy proteins are especially well borne. Sweet milk is valuable when it agrees with the patient, but advising immoderate amounts without determining the digestive ability is bad practice. During the whole course of pellagra the patient should be nourished to the limit of assimilation, and will generally bear and care for more ailment than when the stomach is similarly irritated from other disorders. Hypodermically, he uses iron arsenite and sodium cacodylate on alternate days for about two weeks in small doses. After the acute symptoms seem controlled, he gives two injections weekly for several months. Sometimes when the patient is anemic he uses iron preparations instead. Internally he employs a combination of saturated solution of potassium iodid and Fowler's solution in proportion of five of the first and three of the second, beginning with five drops in water, 3 t. i. d., gradually increasing a drop a day until arsenical symptoms appear. If gastric or intestinal intolerance occurs, the proportion of Fowler's solution is diminished. The diarrhea is controlled by bismuth, betanaphthol, etc., and if severe by tannigen or opium; kerosene oil enemas have also been found useful by Niles. For the infrequent constipation, the milder cathartics only should be used. The details of the local lesions are given. He does not favor the use of salvarsan. Hydrotherapy has proved beneficial in many cases, and we would employ it in some form of hot and cold baths, packs, douches, etc., in almost every case. The value of encouragements to the patients and of combating the pellagraphobia which embarrasses the treatment is specially mentioned. He thinks by suitable suggestions the nerve degeneration can be helped. His experience has taught him that the prognosis should be guarded in four classes of cases: Persons over 50 years of age, alcoholics, patients with marked mental symptoms, and the weak-minded persons who change their treatment from one method to another. If the patient, however, is under 50, will adhere to a fixed line of treatment, and faithfully co-operate with the physician, a permanent cure can be expected in the majority of cases.

HYPERACIDITY.

C. H. Neilson, St. Louis (Journal A. M. A., February 7), considers hyperacidity a symptom of disease rather than a disease itself. It frequently occurs in the sedentary and overworked, and in connection with other abdominal disorders, such as appendicitis, gall stones, enteroptosis, uterine displacements, etc. It is also an early sign of the beginning of hyperthroidism and of tuberculosis, and it may be due to ear troubles or eye strain. It is a complex affair to deal with, and hence calls for a correct diagnosis of the casual conditions, with the removal of which the hyperacidity often disappears. In addition to these general or exciting causes, the local conditions in the stomach must be considered. Anyone who has had hyperacidity for any length of time will have certain pathologic changes in the gastric mucosa, hypersecretion and hyperaesthesia, and we often find pylorospasm, hypermotility or gastroptosis. He divides hyperacidities as follows: "1. Chemical hyperacidity with a normal quantity of gastric content after a Boas-Ewald

test breakfast. 2. Chemical acidity combined with hypersecretion or with a continued secretion. Here the quantity of gastric content is abnormally and constantly large. 3. Chemical hyperacidity combined with hypersecretion and hyperesthesia. 4. Clinical or symptom hyperacidity with hyperesthesia. In this class of cases we have all the subjective symptoms of a chemical hyperacidity. In these cases we find a normal total acidity or even a subacidity. The symptoms are due to the hyperesthetic condition of the gastric mucosa, which is painful in a normal or even subnormal acid content. 5. In this class we may find any one or a combination of the foregoing, together with pylorospasm, hypermotility or pesistaltic unrest.'' The treatment resolves itself into the removal of the general causes and local conditions, and diet is of the first importance. It is the free acid which causes the pain and discomfort, and foods that will combine with it should be included, such as those rich in proteins. The patients that have a straight hyperacidity do well on a high protein diet. If we consider the acid-binding power as the essential factor, we must give foods stimulating to the gastric mucosa. If we wish a diet with less combining power and less stimulating, we shall give such foods as carbohydrates, full milk and cream, vegetables, etc. The diets are the same as the so-called ulcer diets, and Neilson considers the Leube diet as the one for general use. It is in some respects a combination of the two diets mentioned above. Another point he makes is that frequent feedings give better results than large feedings at longer intervals. Each case in a measure is a law to itself, and must be studied accordingly. The salt-free diet recommended by Richards is, according to his experience with a few patients, of value. The medicinal treatment is sometimes simple and sometimes difficult. In straight cases of hyperacidity the simple antacid treatment will often work wonders. Of late he has used bismuth subcarbonate with magnesium sulphate in place of sodium bicarbonate, which, acted on by the acid, produces sodium chlorid, which is not desirable. When there is hypersecretion or hyperesthesia, we must use the antacid treatment, but also employ oils, etc., as demulcents, and the use of atropin, belladonna or bromids is recommended for their effect on the gastric mucosa. Special attention is given by Neilson to the use of peroxid of hydrogen as recommended by Petrie, and he has tested it to determine the value of large and small doses, its permanent effect and any injurious action that it may exert on the mucous membrane. On account of the large amount required to be effective, its temporary effect and the possibility of harm from long-continued use, he has discarded it in the treatment of these conditions. Physical therapy, gastric lavage and graded systematic exercise under medical direction are also mentioned in the treatment of hyperacidity.

FOREIGN BODIES IN STOMACH.

A case of marked tolerance of the stomach to foreign bodies is reported by W. O. Wilder, Pittsfield, Mass. (Journal A. M. A., February 7). The patient, a carpenter, began to swallow nails in 1908, and later indulged in a diet of knives, cigars, etc., which were sometimes vomited up and sometimes passed by the bowel. He said that he was accustomed to swallowing dog chains of four feet length and women's neck chains of similar length. These were usually redrawn from the stomach. For four or five years he had suffered from pains in the abdomen, which had lately become more severe. He was much emaciated; the stools were regular and contained no blood. There was no tumor, but an extremely tender spot in the upper left-hand quarter of the stomach, where the Roentgen ray showed an irregular shadow. An incision through the left rectus, above the umbilicus, was made, a gastric adhesion to the abdominal wall freed, and a nail found pointed through a small perforation. After walling off with gauze the perforation was enlarged so as to admit the hand, and two keys, two twelve-penny nails and 130 other nails and pieces of wire were removed from a pouch-like distention of the cardiac end of the stomach. Recovery was uneventful.

INCISION IN SCROTUM.

The longitudinal incision of the scrotum is the one usually described in the text-books on surgery. J. M. Dorrance, Philadelphia (Journal A. M. A., February 7), suggests the transverse incision as the better one. In the lower part of the scrotum the superficial vessels and nerves run almost transversely, and will therefore be avoided to a considerable extent by a transverse incision. This incision is also in line with the folds of the skin, and will naturally come together and make a more

even wound. If drainage is required, the edges will fall together after removal of the drain. If it is desired to shorten the scrotum a second transverse incision with incision of the intervening fascia and skin will give the desired results. This method has also the advantage of shortening the cremasteric muscle in its entire width, and making a neater wound.

MALFORMATION OF NECK.

A peculiar congenital malformation of the neck is described by C. A. Parker, Chicago (Journal A. M. A., February 7). It consisted of two symmetrical wing-like folds of skin extending from either mastoid region to the top of the shoulder. They interfered somewhat with movement, but were objected to on account of the deformity by the 11-year-old subject. The redundant fold of skin was removed by an incision extending from the mastoid to the outer end of the clavicle, making an elliptical wound which, when closed, gave a more normal appearance. Figures showing conditions before and after operation are given. Parker says the case is unique as far as he can learn, but the family history suggests a factor in its origin. The father has tabes, an older sister has a congenital hip dislocation, and five brothers and sisters died in infancy, one being still-born.

MOUTH-DRIP.

The importance of supplying fluid to the body in the advanced stages of alimentary intoxication of infants when the drain on the system has been very great, is emphasized by A. F. Hess, New York (Journal A. M. A., February 7), who suggests the use of the Murphy drip as a means of supplying the fluid in these cases. The apparatus, which is illustrated, is the same as that used for the rectal drip, except that a rubber nipple is used instead of a hard rubber nozzle. The baby is encouraged to suck on this nipple for the greater part of a day, the amount of fluid being regulated by a pinch-cock. In order that the bed clothing shall not be wet if the nipple falls from the mouth, a saucer or plate is placed near the baby's head. The possible danger of creating a bad habit need hardly be considered in so serious a condition. The method, Hess says, is especially adapted to a hospital ward, where infants cannot receive constant individual attention.

CYSTOSCOPE HOLDER.

Louis Friedman, New York (Journal A. M. A., February 7), figures and describes a light, simple cystoscope holder which he claims will hold any kind and size of cystoscope, can be attached to the table or leg-holder rod and swung out of the way when not wanted, through not in the way when in use, owing to its small size and compactness. It is especially useful when one has to work without assistance, and particularly convenient and practicable for demonstration purposes.

UTERINE SPECIMEN FORCEPS.

W. C. Gaylor, St. Louis (Journal A. M. A., February 7), gives the illustration of a uterine specimen forceps for removing samples in supposed malignant disease of the cervix prior to operation for the purpose of diagnosis. It obviates, he says, the necessity of dilatation or the use of volselum forceps or anesthetics.

LAVAGE TUBE.

F. Smithies, Rochester, Minn. (Journal A. M. A., February 7), says that stomach tubes, as ordinarily made, have many defects—bad rubber, small caliber, improperly placed eyes, aspiring bulbs, which are difficult to clean, etc. In an effort to remedy some of these defects, they have devised a tube which has given great satisfaction in the last 1,500 cases of test-meal examination at the Mayo clinic. The tube is made of the best red rubber with a diameter of 6 mm., in two sections connected by a thin, strong aluminum midpiece. The distal segment is 90 cm. long, with a distal opening of 1 cm. diameter. Beginning 1 cm. from the tip is a lateral eye 2 cm. long and 1 cm. wide. On the opposite side, but 3 cm. from the tip of the tube, is another similar lateral fenestrum. Its location 3 cm. from the tip is the average distance in different individuals from the pharyngeal bend of the tongue to the introitus esophagi. This makes it readily swallowed and lessens the chance of entering the larynx. Eight cm. from the tip of the tube are placed three round fenestra with a diameter of 2 mm., piercing the tube at the same level. The distal segment of the tube, beginning 10 cm. from its tip, is marked off by encircling black lines every 5 cm. for a distance of 55 cm. from the distal end which permit fairly accurate loca-

tion of obstruction in the esophagus. The tube acts as a hollow sound in such cases through which the contents of esophageal sacculations can be obtained. The proximal end of the tube is 60 cm. long, and can be replaced, if necessary, by an aspiration bulb fitting the metal midpiece. The advantages claimed are as follows: "1. These tubes are durable; they may be boiled for months and still retain their form. 2. The lumen is large enough to permit free expression or aspiration of retention contents after the administration of a motor test-meal. 3. The distal fenestra are so placed as to permit the easy passage of the tube and the rapid siphonage or aspiration of gastric contents. Free lavage is readily carried on, either for the purpose of determining retention (as in hour-glass stomach) or for therapeutic effect. 4. The tube acts as a safe and convenient esophageal sound. 5. The aluminum midpiece replaces easily broken glass connections. It enables one rapidly to convert the straight siphon or lavage tube into one of bulbed type for the purpose of inflating the stomach with air, and when expression of gastric contents proves difficult." The article is illustrated.

PROTECTION IN NOSE AND THROAT EXAMINATIONS.

J. F. Crouch and C. A. Clapp, Baltimore (Journal A. M. A., February 7), describes a nose protector which they have used with great satisfaction to protect against infection in nose and throat examinations. It consists of Jumbo-sized steel or aluminum spectacles, either plain or with the users' correction for the lenses. To the nose-piece is fastened a piece of sheet aluminum, bent so as to fit the nose and also to cover the mouth. Its advantages are convenience in putting on and off, full protection from spraying and coughing, and the ease by which it can be sterilized by boiling.

MALARIAL FEVER PREVALENCE IN THE UNITED STATES.

The results of a study of the prevalence of malarial fever in Alabama, Arkansas, Missippi, Georgia, Florida, South Carolina and North Carolina, made under the direction of the surgeon-general of the Public Health Service, are given by R. H. Von Ezdorf, Mobile, Ala. (Journal A. M. A., February 7). The points noticed were the localities in which malaria was endemic and the relative prevalence in these, the types of malaria infections observed, the distribution of anopheline mosquitoes and the relative prevalence of mosquitoes in the several localities with special reference to the anophelines. Circular postcards with attached reply cards were sent out to all physicians in the several States, calling for information on these points for the months of August, September and October, 1913. Many physicians contributed letters giving more detailed information, and many letters asking for information were also received. The tabulations show the number of physicians reporting from the different localities. In order to ascertain definitely the different types of malaria, material for sending blood-smears from active and chronic cases were also sent out to physicians in every county in Alabama, but only a few returns were obtained from the physicians. The specimens were obtained from the following species: Culex, Aedes calopus, Anopheles quadrimaculatus, A. punctipennis, A. crucians, Megarrhinus rutilus, Coq. (classified by Dr. L. O. Howard, chief of the Bureau of Entomology, Department of Agriculture), and Psorophora ciliata. Surveys in selected localities were made, including the geographic and climatic, social, hygienic and economic conditions, and the breeding places of the anophelines were investigated and local health officers advised of the results and the measures needed to be taken. Some interesting points were noted, particularly the fact that wastes, such as dye and coal gas products, prevented the breeding of anopheles in ditches, and might be diverted and used in other places to advantage. The importance of making malarial surveys where large impounding of water is done, is emphasized. Blood smears were obtained from large numbers of persons, and a history obtained of each person examined. Arrangements were made for educational work and the methods of meeting the local conditions were explained. An office and laboratory has been established at Mobile, where this work is still being further carried on.

GASTRIC ROENTGENOSCOPY.

In a preliminary report (Journal A. M. A., February 7), L. Pierce Clarke and A. H. Busby, New York, give an account of observations made on epileptics to determine the visceral conditions causing the gastro-intes-

tinal symptoms so frequently accompanying that disease. They disclaim any attempt to approach the subject for deciding the question of surgical operation in such cases. Ten cases were selected from private practice that seemed to be dependent or to have some relation to digestive disorder, including both sexes of ages ranging from 10 to 48 years. The observations were made as follows: "After fourteen hours of fasting, a meal was given the patient, consisting of two ounces of bismuth subcarbonate in twelve ounces of buttermilk, and the stomach exposures were immediately made in both prone and the erect positions. Nothing else was taken by the stomach until the six-hour period was made for gastric retention. The patient was then allowed to take regular meals. At twenty-four hours, the examination was made also in the prone and erect positions, and later, at forty-eight hours, if possible. Most of these patients felt so miserable at the end of twenty-four hours that it was thought wise not to continue further. One of us (Busby) personally has taken large amounts of bismuth without feeling any ill effects." The Roentgen findings in each case are reported and abnormalities illustrated, together with cuts showing the normal conditions for comparison. The pathologic conditions found were largely visceral ptoses, abnormal dilatation or narrowing of the intestine in different parts, high hepatic or splenic flexures, etc. It is obvious that some form of abnormality of the gastro-intestinal tract was present in each case. In several months' treatment subsequent to these examinations, they have used a more intensive and direct application of massage and exercise therapy adapted to the situation in these cases with marked benefit, and in the present year they hope to show by the Roentgen ray the anatomic results. Their final conclusion is: "That Roentgen analysis of the defective digestive epileptics is of both diagnostic and therapeutic value, and is an excellent supplement to the chemical and bacteriologic tests already in use, which form such a prominent part in any comprehensive hygienic plan of treatment in a stubborn nervous disorder of this kind."

New and Non-Official Remedies.

Since publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been acepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies:"

Radium and Radium Salts.—Radium is used in Medicine in the form of its chloride, bromide, sulphate and corbonate. The therapeutic value of radium salts depends on the emanations which are given off from the radium. Radium emanation consists of alpha-rays, beta-rays and gamma-rays, the latter being similar to x-rays, and therapeutically the most useful. The quantity and concentration of radium emanations are expressed in terms of "curie" and Mache units. A "curie" is the amount of emanation in equilibrium with 1 gm. of radium, and a microcurie is one-millionth of a "curie." A microcurie is equivalent to about 2,500 Mache units. It has been claimed that radium emanation is of value in all forms of non-suppurative, acute, subacute and chronic arthritis, in chronic muscle and joint rheumatism, in arthritis deformas, acute and chronic gout, neuralgia, sciatica, lumbago, and in tabes dorsalis for the relief of lancinating pains. Its chief value is in the relief of pain. Surgically, marked results are obtained in the removal of epitheliomata, birthmarks and scars. Radium may be administered in baths by subcutaneous injection in the neighborhood of an involved joint (0.25 to 0.5 microcurie in 1 or 2 c.c. distilled water), by local applications as compresses (5-10 microcuries), by mouth as a drink cure (in increasing doses of from 1-10 to 10 microcuries three or more times a day), by inhalation, the patient for two hours daily remaining in the emanatorium, which contains 0.0025 to 0.25 (average 0.1) microcurie per liter of air.

Radium Chloride.—Radium chloride is supplied in the form of a mixture of radium sulphate and barium sulphate, and is sold on the basis of its radium content. Radium

Chloride, Standard Chemical Company, Radium Chemical, Pittsburg, Pa.

Radium Sulphate.—Radium sulphate is supplied in the form of a mixture of radium sulphate and barium sulphate, and is sold on the basis of its radium content. Radium Sulphate, Standard Chemical Company, Radium Chemical Company, Pittsburg, Pa. (Jour. A. M. A., January 3, 1914, p. 41.)

Sodium Acid Phosphate.—Sodium Acid Phosphate (Sodii Phosphas Acidi), NaH_2PO_4, H_2O, is the monosodium hydrogen salt of orthophosphoric acid, containing not less than 82 per cent of anhydrous sodium acid phosphate. Sodium acid phosphate is administered to render the urine acid or to increase its acidity. It is used for this purpose to assist the action of hexa-methylenamin, which is effective only in acid urine. It should be given so that it has left the stomach before the hexamethylenamin is given. Non-proprietary preparation: Sodium Acid Phosphate, M. C. W., The Mallinckrodt Chemical Works, St. Louis, Mo.; Sodium Phosphate, Monobasic, P. W. R., The Powers-Weightman-Rosengarten Co., Philadelphia, Pa. (Jour. A. M. A., January 10, 1914, p. 127.)

Slee's Refined and Concentrated Tetanus Antitoxin (Globulin Solution).—For description of Tetanus Antitoxin, see N. N. R., 1913, p. 218. Abbott Alkaloidal Company, Chicago.

Slee's Normal Horse Serum.—For description of Normal Horse Serum, see N. N. R., 1913, p. 236. Abbott Alkaloidal Company, Chicago. (Jour. A. M. A., January 10, 1914, p. 128.)

Ampoules Emetine Hydrochloride, P. D. & Co.—Each ampoule contains emetine hydrochloride 0.02 gm. Parke, Davis & Co., Detroit, Mich. (Jour. A. M. A., January 10, 1914, p. 128.)

Phenolsulphonephthalein.—A product differing chemically from phenolphthalein in that a carbonyl group of the latter has been replaced by a sulphone group. Phenolsulphoneththalein is used to determine the functional activity of the kidneys. It is injected intramuscularly or intravenously, and its rate of excretion is determined colorimetrically. Phenosulphonephthalein is a red powder, which yields a deep red solution with water or alcohol containing an alkali.

Phenosulphonephthalein, H. W. & Co.—Made by a special process, and said to be exceptionally pure. Hynson, Westcott & Co., Baltimore, Md.

Phenosulphonephthalein Ampoules.—Each contains a solution of 0.006 gm. phenosulphonephthalein, in the form of the monosodium salt. Hynson, Westcott & Co., Baltimore, Md.

Sterile Ampoules of Mercury Salicylate.—Each contains 0.06 gm. of mercury salicylate N. N. R., suspended in a vegetable fat. Hynson, Westcott & Co., Baltimore, Md.

Salvarsan-Ehrlich, Suspension in Ampoules.—Each contains 0.1 gm. of salvarsan, suspended in a vegetable fat. Hynson, Westcott & Co., Baltimore, Md.

Neosalvarsan-Ehrlich, Suspension in Ampoules.—Each contains 0.15 gm. neosalvarsan suspended in a vegetable fat. Hynson, Westcott & Co., Baltimore, Md. (Jour A. M. A., January 24, 1914, pp. 297 and 298.)

Elarson.—Elarson is the strontium salt of chlorarseno-behenolic acid, containing about 13 per cent of arsenic and about 6 per cent of chlorin. It has the action of arsenic, but the arsenic being in lipoid-like combination, is said to be better utilized and to exert its therapeutic effects in smaller doses than other arsenical preparations. Also, it is said to produce relatively little gastric irritation. It is sold only in the form of Elarson tablets. The Bayer Company, New York. (Jour. A. M. A., January 31, 1914, p. 379.)

Since January 1 the following articles have been acepted for inclusion with New and Non-Official Remedies:

Hynson, Westcott & Co.:

Phenosulphonephthalein, H. W. & Co.

Phenosulphonephthalein Ampoules, H. W. & Co.

H. K. Mulford Company:

Anti-Anthrax Serum, Mulford.

Antistreptococcus Serum Scarlatina, Mulford.

Disinfectant Krelos, Mulford.

Salicylos.

Staphylo-Serobacterin.

Strepto-Serobacterin.

Typho-Serobacterin.

Propaganda for Reform.

The Action of Hexamethylenamin.—It has been shown by Hanzlik and Collins that hexamethylenamin can act only in body fluids which are acid in reaction, namely, the gastric juice and the urine. The only part of the body in which hexamethylenamin may be expected to exert an antiseptic action is in the urinary tract, and then only if the urine is

acid. If the urine is not acid already, sodium acid phosphate should be administered to render it so. The administration of sodium or potassium acetate or citrate, in sufficient quantity, will render an acid urine alkaline and inhibit the action of hexamethylenamin. (Jour. A. M. A., January 3, 1914, p. 43.)

Odor-o-no.—Odor-o-no, the Odorono Company, Cincinnati, Ohio, is sold as the "anti-dress shield toilet water." It is claimed to eliminate excessive perspiration and to be absolutely harmless. Confirming the analysis made by the Indiana State chemists some time ago, the A. M. A. Chemical Laboratory reports that now, as when examined before, Odor-o-no is a strong solution of aluminum chloride. When this solution is applied to the skin, it will be decomposed by the perspiration into free hydrochloric acid, which will attack and irritate the skin, and aluminum hydroxide, which tends to clog up the pores. (Jour. A. M. A., January 3, 1914, p. 54.)

Hydrocyanate of Iron, Tilden.—While from the name one would judge Hydrocyanate of Iron, Tilden, to be a cyanide of iron, analysis in the A. M. A. Chemical Laboratory has demonstrated the preparation to consist essentially of equal parts of talc and Prussian blue, with traces of organic matter having the properties of alkaloids. Prussian blue is a remedy that has been used for epilepsy and found wanting. (Jour. A. M. A., January 3, 1914, p. 58.)

The Quality of Sodium Acid Phosphate.—As it appears probable that the use of sodium acid phosphate will increase, and since previous experience has emphasized the unreliability of little used drugs, the A. M. A. Chemical Laboratory deemed it important to examine the market supply. While the official sodium phosphate may be obtained of exceptional purity, the examination showed that the market supply of sodium acid phosphate was decidedly variable and much less pure, although not seriously impure. Based on the examination, the laboratory proposed standards which were thought fair, both to those who make it and those who use it in their practice. The examination showed the product of the Mallinckrodt Chemical Works and of the Powers-Weightman-Rosengarten Company to comply with the proposed standards. Acting on the report of the laboratory, the Council on Pharmacy and Chemistry decided to describe sodium acid phosphate in New and Non-Official Remedies, and, having adopted the proposed standards of purity, accepted the two brands named for inclusion with N. N. R. (Jour. A. M. A., January 10, 1914, p. 142.)

Hypo-Quinidol.—While no definite statements appear to be contained in the advertising matter sent out by R. W. Gardner, certain statements suggest that Hypo-Quinidol might be some sort of a quinin-hypophosphite preparation. But if this is true, its action would be the same as other salts of quinin, and the extravagant claims made could not be substantiated. Hypo-Quinidol is a preparation the composition of which is secret, and for which highly improbable claims are made. (Jour. A. M. A., January 10, 1914, p. 148.)

The Richie Morphin Cure.—The Richie Company was discused in Collier's Great American Fraud series as one of the concerns which, under the guise of mail-order "cures" for the morphin habit, fosters the slavery of the drug habit by substituting for the morphin addiction an addiction to their villainous mixtures of opiates. More recently shipments of the "Richie cure" were seized by the federal authorities and found on analysis to contain from 7.21 grains to 15.95 grains of morphin sulphate to the fluid ounce. (Jour. A. M. A., January 10, 1914, p. 144.)

Radium in Carcinoma.—Sparmann reports on the after-history of fifty-three cases of carcinoma treated with radium. Of these, eleven have died since the treatment; in six the tumor has disappeared; in five the condition seems improved; in seven the condition is aggravated, and in the others the treatment was not continued because the condition of the patients had become worse. While these results show that radium is a remedy of use in the treatment of cancer, it is not a sovereign remedy, as some enthusiastic reports would have us believe. (Jour. A. M. A., January 17, 1914, p. 212.)

Expurgo Anti-Diabetes.—The claim made for Expurgo Anti-Diabetes (sold in Canada as Sanol Anti-Diabetes) that it is "the only positive cure for diabetes," and others of this character, should be sufficient to condemn it. Nevertheless, medical journals advertise it and physicians have been found to give testimonials for it. Examination in the A. M. A. Chemical Laboratory showed that Expurgo Anti-Diabetes is essentially a watery solution of plant extractives with small quantities of

sodium salicylate and salt. The exploiters claim that their stuff contains the fruit and bark of jambul, rosemary, star anise and fluid extract of calamus, cinchona, cola, condurango and gentian. One of the claimed ingredients, jambul, was in vogue as a remedy for diabetes some years ago. It was tried and found wanting, and relegated to the therapeutic scrap heap. (Jour. A. M. A., January 24, 1914, p. 312.)

Case's Rheumatic Specific.—This is a "patent medicine" sold under the inferential claim that it does not contain salicylate. A package bearing the statement that this medicine "cures where all else fails, rheumatism, muscular, sciatica, lumbago, gout, neuralgia, neuritis," contained one box of "Rheumatic and Gout Pills" and one of "Bilious and Liver Tablets." Examination in the A. M. A. Chemical Laboratory showed the first to contain sodium salicylate, with some magnesium oxid and licorice root, while the second was found to contain aloin or some preparation of aloes as the purgative constituent. (Jour. A. M. A., January 31, 1914, p. 394.)

District Societies.

FOURTH DISTRICT MEDICAL SOCIETY.

(Reported by Dr. W. T. Lowe, Secretary.)

Pine Bluff.—The Fourth District Medical Society, embracing the counties of Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln, met January 22, at Dermott, with Dr. E. E. Barlow, president, presiding. Members present: Drs. Cotham, Brown, Kimbro, Monticello; Cockersham, Portland; Baker, Blissville; Ruth, Sulphur Springs; Martin, Warren; Thiolliere, Varner; Newton, Monroe, La.; Barlow, Stinson; Boals, Dermott; Smith, McGehee; Douglass, Eudora; McGehee, Holley; Luck, Breathwit, Crump, Lowe, Pine Bluff.

The scientific program was as follows:

"Serum Therapy"—By Dr. J. F. Crump, Pine Bluff.

"Syeosis"—By Dr. E. E. Barlow, Dermott.

"The Careless Physician"—By Dr. S. W. Douglass, Eudora.

Interesting discussions followed the reading of each paper.

Dr. M. C. Wassell, a member of this society, who leaves soon for China, was telegraphed our best wishes for a pleasant journey and great success in his missionary work.

The following new members were elected: Drs. Ruth, Cotham, Baker, Boals, Cockersham, Stinson, McGehee and Martin.

Dr. Newton of Monroe, La., and Dr. Kimbro of Monticello were elected to honorary membership.

Monticello was chosen as the next meeting place, and a good program and large attendance are anticipated.

County Societies.

SEARCY COUNTY.

(Reported by Dr. A. S. Melton, Sec.-Treas.)

Snowball.—The Searcy County Medical Society met January 25 at Marshall. Members present: Drs. S. G. Daniel, Ed Wood, J. S. Butler, E. G. Fendley, Marshall; James Henley, St. Joe, and A. S. Melton, Snowball.

Officers elected: President, Dr. L. D. Robertson; vice president, Dr. J. S. Butler; secretary-treasurer, Dr. A. S. Melton; delegate to the State Society meeting, Dr. Ed Wood.

Dr. J. S. Butler and Dr. E. G. Fendley of Marshall and Dr. Silas Hamm of Eula were elected members.

Our membership now numbers twelve, which includes every graduate in the county.

The society will meet quarterly hereafter.

ARKANSAS COUNTY.

(Reported by Dr. M. C. John, Sec.-Treas.)

Stuttgart.—The Arkansas County Medical Society met January 13, at Almyra. Members present: Drs. W. H. Boswell and C. T. Rives of Almyra and Drs. W. H. Moorhead, C. W. Sillin and M. C. John of Stuttgart.

Our essayist for the day, Dr. E. H. Winkler of DeWitt, was unavoidably absent.

Several interesting cases were reported, which elicited a general and helpful discussion.

Dr. E. B. Swindler of Stuttgart was elected member of this society.

The next meeting will be held April 14, at 8 p. m., at DeWitt.

HOWARD-PIKE COUNTIES.

(Reported by Dr. A. Wilson Hale, Sec.)

Nashville.—The Howard-Pike County Medical Society met in regular session at Nashville, December 18, and elected officers for

the ensuing year, as follows: D. A. Hutchinson, president; J. L. Bell, vice president; J. T. Holcomb, treasurer; A. Wilson Hale, secretary; delegate to the state annual meeting, J. S. Hopkins; alternate, W. B. Simpson.

At the meeting there was discussion about the advisability of securing legislation, especially a lien law for a reasonable amount to protect the physician against bad accounts. Under the present law, if a physician calls to see a case, although getting pay for the first trip, he is compelled to see the case through, pay or no pay, for the subsequent trips, thereby giving a person not disposed to pay a chance to use a physician for several nights, days, weeks or months, the physician waiting forever for his "balance," only to see the same person "using" another physician in the same way in the next case, and so on. The suggestion was made that the various county societies discuss the matter, and that it might be a good topic for a paper at the state meeting.

MISSISSIPPI COUNTY.

(Reported by Dr. E. E. Craig, Sec.)

Wilson.—The Mississippi County Medical Society met on January 13, at Blytheville, in the Business Men's Club room. Members present: Dr. Hudson, Luxora; Dr. Craig, Wilson; Dr. J. F. Sanders, Dr. Franklin and Dr. Turrentine, Blytheville; Dr. Howton and Dr. Taylor, Osceola; Dr. Hill, Yarbro, and Dr. Nall, Armorel.

Dr. J. F. Sanders read an interesting paper on pneumonia, covering all its phases. This was followed by a lively quiz on the subject, conducted by Dr. Thomas F. Hudson, in which great interest was shown. The members are determined to make this year the best in the history of the society, both scientifically and socially, and there is a general tendency toward co-operation and harmony.

The officers elected at the December meeting are: President, T. F. Hudson; vice president, W. E. Turner; secretary-treasurer, E. E. Craig; delegate to the State Society, R. P. Nall; alternate, J. F. Sanders.

WHITE COUNTY.

(Reported by Dr. J. L. Jones, Secretary.)

Searcy, February 16.—The White County Medical Society convened in annual session at the office of Dr. J. L. Jones in this city, February 11, at 2 o'clock.

In the absence of the president, Dr. E. R. Barker, and vice president, Dr. A. G. Harrison, Dr. J. C. Cleveland of Bald Knob was elected president *pro tem.*

Minutes of last meeting were read and approved, after which the society proceeded to the election of officers for the ensuing year. Dr. I. R. Majors, Searcy, was elected president; Dr. N. E. Fraser, Pangburn, vice president; Dr. J. L. Jones, secretary-treasurer, and Dr. J. C. Cleveland as delegate to the State Medical Society.

Reports of committees being called for, Dr. H. C. Jones, Dr. S. T. Tapscott, Jr., and Dr. J. L. Jones, committee to prepare suitable resolutions in memory of a deceased brother, Dr. J. B. Grammer, presented the following resolution, a copy of which was ordered spread upon the records of the society, a copy sent to his family, and a copy sent to the Editor of the Arkansas Medical Journal for publication. The report is as follows:

"Fifty-one years ago in the beautiful Searcy valley of this county was ushered into this world one of God's 'noblest works'—a man. Not a man then, of course, but one of the genus homo in the form of a male child. We refer to our later member and brother, John B. Grammer. Born in humble environments, but of sturdy, rugged and most estimable parentage, he was not so circumstanced as to begin life 'with a roseate hue,' nor to climb the ladder of fame and honor without a great struggle. But, being endowed with an unusually good mind, an irrepressible ambition and indomitable will, he brooked all opposition, surrendered to no obstacle, and laughed at the thing we call defeat. Like Banquo's ghost, he would not down. Step by step under the most unfavorable conditions he made his way into the world of action and virility until he reached that pinnacle of honor and efficiency vouchsafed to but few and most worthy of emulation by all. It seems but the

irony of fate that he who had given the very best years of his life to ameliorating sickness and prolonging life should have been cut down in the very zenith of his manhood and service.

"Dr. Grammer departed this life on the 12th day of October, 1913, after an illness lasting only eighteen hours, of angina pectoris. Truly, in the midst of life we are in death.

"To all those who had the good fortune to know him and receive his kindly ministrations and service as a physician and surgeon, as well as his genuine sympathy and friendship, his death came as a distinct shock. In his profession he was the very embodiment of loyalty, fidelity and efficiency. As a husband, a father, a citizen and a man, he possessed and reflected all those fine traits of character which endeared him to all who came within the stimulating and inspiring influence of his daily examples of honesty, sincerity and service.

"Verily, the world in which he moved was made much better by his having entered it. Now that he has passed from us, let his going be a constant reminder to us to follow as nearly as we can his benign and worthy precepts and works to the end of bettering not only ourselves, but humanity as well.

"H. C. Jones, Chairman,
"S. T. Tapscott, Jr.,
"J. L. Jones."

Dr. J. M. Jelks, county health officer, spoke upon the subject of sanitation, showing the great need for work along this line, and exhorted all physicians to use their best efforts in encouraging the cities and towns within their practice to begin at once to practice the instructions as given them by the Board of Health.

Dr. J. L. Jones read an interesting paper, entitled "Conservation From a Mother's Standpoint."

There being no further proceedings, the society adjourned to meet on its regular day, the first Thursday in March, 1914.

W. B. Saunders Company, publishers, of Philadelphia and London, have just issued an entirely new 88-page illustrated catalog of their publications. As great care has evidently been taken in its production as in the manufacture of their books. It is an extremely handsome catalog. It is a descriptive catalog in the truest sense, telling you just what you will find in their books and showing you by specimen cuts the type of illustrations used. It is really an index to modern medical literature, describing some 250 books, including thirty new books and new editions.

A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy—and you should have one.

Deaths.

DR. GEORGE D. DICKERSON.

Dr. George D. Dickerson, 59 years old, one of Conway's leading physicians, died January 23.

Dr. Dickerson was born at Salver, Tippah County, Mississippi, August 5, 1854, and moved to Conway in May, 1881. He served two terms as county surveyor, two as alderman, six as president of the School Board. He was a member of the Faulkner County Medical Society, Arkansas Medical Society, Knights of Pythias, Woodmen of the World, Eastern Star, Royal Arcanum, and was a thirty-second degree Ancient and Accepted Scottish Rite Mason.

He was a graduate of Cecilian College, Hardin County, Kentucky, and was valedictorian of the class of 1876. He was graduated in 1879 from the University of Louisville, Ky., medical department.

He is survived by his wife, three sons, Dr. Cecil H., George and Forester, and one daughter, Miss Gladys, all of Conway, and four brothers.

Book Reviews.

Clinical Diagnosis and Uranalysis.—By James R. Arneill, A. B., M. D., Professor of Medicine and Clinical Medicine in the University of Colorado, and Physician to the Denver County Hospital and the St. Joseph and St. Luke's Hospitals of Denver. New (second) edition, revised and enlarged. 12 mo, 270 pages, with 83 engravings and a colored plate. Cloth, $1.00 net. The Medical Epitome Series. Lea & Febiger, publishers, Philadelphia and New York, 1914.

This work is worth many times its price to the student, the practitioner and the specialist alike. It helps the student to crystallize his impressions throughout the term, as well as at examination time; it enables the practitioner to refresh his memory and keep in touch with all the salient advances, and the specialist to clarify his perspective and readjust his sense of values.

In addition to the customary tests for the blood, stomach contents, feces, sputum and

urine, space is found for such procedures as Wrights coagulation test, cryoscopy, tests for anemia, leukemia, trypanosomiasis and leukocytosis, Thalman's gonococcus stain and spinal fluid tests for albumen and dextrose. The revision embodies all the recent advances. Particularly practical and timely are the sections on the examination of the stomach contents and on serum reactions, including discusions of the Widal, Wassermann, Noguchi, butyric acid and cobra venom tests. In each case due attention is paid to the normal as well as to the pathological constituents and the necessary apparatus is carefully described.

The frequent bibliographical references are incentives to wider reading, and the questions at the end of each chapter serve to fix the important points in the mind of the reader.

Diseases of Children.—By Henry Enos Tuley, M. D., late Professor of Obstetrics, University of Louisville, Medical Department; visiting physician Masonic Widows' and Orphans' Home, Louisville, Ky.; secretary of the Mississippi Valley Medical Association; ex-secretary and ex-chairman of the section on Diseases of Children, American Medical Association; ex-president American Association Medical Milk Commissions, etc. Second revised edition, with 106 engravings and three colored plates. Published by the C. V. Mosby Company, St. Louis, Mo., 1913. Price, $5.50.

This book describes the diseases of children as they are seen in the daily visits of the busy practitioner. Special attention is given to dietetics and hygienic management. The medical treatment is considered quite fully, with the reproductions of many tried formulae. Several chapters are devoted to diseases of the skin, eye, ear, nose and throat. Among the many illustrations shown we find a splendid plate displaying the buccal enanthem in measles. (Koplik's spots.)

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared articles on topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, Pa. Volume IV, twenty-third series, 1913. Published by J. B. Lippincott Company, Philadelphia. Price, $2.00.

Among the interesting articles in this number, we find one on "Static Electricity: Its Physical and Physiological Effects and Therapeutic Indications," by William B. Snow, M. D., New York City. Rheumatoid arthritis, Dr. Snow says, can be controlled and clinically cured if the patient can be induced to observe a strict vegetarian diet, combined with the daily use in the first days of high colonic flushings and local treatment of the joints by static modalities until all inflammatory symptoms subside. "Newer Methods in the Treatment of Neuritis," by A. B. Hirsch, M. D., Philadelphia. "Traumatic Lipemia and Fatty Embolism," by Aldred Scott Warthin, Ph. D., M. D., professor of pathology, University of Michigan.

Diet in Health and Disease.—By Julius Friedenwald, M. D., professor of Gastro-Enterology in the College of Physicians and Surgeons, Baltimore, and John Ruhrah, M. D., professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Fourth edition, thoroughly revised and enlarged. Octavo of 857 pages. W. B. Saunders Company, Philadelphia, 1913. Cloth, $4.00; half morocco, $5.50, net.

This book tells in a practical way how we should feed our patients. The diet in fevers in general, and also in typhoid fever, has been fully considered in new articles. The sections on diabetes and gout have been entirely rewritten. Other new articles in this edition pertain to the diet in diseases of the stomach and intestines, duodenal alimentation and the use of the soy bean. The chapter on infant feeding has been thoroughly revised with the modern trend of thought on this subject.

Progressive Medicine.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart A. Hare, M. D., assisted by Leighton F. Appleman, M. D., Philadelphia. Volume IV, December, 1913. Published quarterly by Lea & Febiger, 708 Sansom Street, Philadelphia. Subscription price, $6.00 per annum.

The contents of this volume are:

Diseases of the digestive tract and allied organs, the liver, pancreas and peritoneum. By Edward H. Goodman, M. D., associate in medicine, University of Pennsylvania.

Diseases of the Kidneys. By John Rose Bradford, M. D., F. R. C. P., F. R. S. Professor of medicine in University College and physician to the University College Hospital, London, England.

Genito-Urinary Diseases. By Charles W. Bonney, M. D., assistant demonstrator of anatomy in the Jefferson Medical College.

Surgery of the extremities, shock, anesthesia, infections, fractures and dislocations, and tumors. By Joseph C. Bloodgood, M. D., assistant professor of surgery, Johns Hopkins University.

Practical Therapeutic Referendum. By H. R. M. Landis, M. D., director of the Clinical and Sociological departments of the Henry Phipps Institute of the University of Pennsylvania.

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Next Annual Session, El Dorado, May, 1914.

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Councilor Districts and Councilors, 1913-1914.

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Second Councilor District—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, L. E. Willis, Newport. Term of office expires 1914.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, T. B. Bradford, Cotton Plant. Term of office expires 1915.

Fourth Councilor District—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor, E. E. Barlow, Dermott. Term of office expires 1914.

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Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, C. A. Archer, De Queen. Term of office expires 1914.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant counties. Councilor, J. F. Rowland, Hot Springs. Term of office expires 1915.

Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope counties. Councilor, W. A. Snodgrass, chairman, Little Rock. Term of office expires 1914.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, A. M. Hathcock, Harrison. Term of office expires 1915.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington counties. Councilor, J. T. Clegg, Siloam Springs. Term of office expires 1914.

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Alternate—Carle E. Bentley, Little Rock.

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THE JOURNAL

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Original Articles.

ORGANIZATION.*

By Chas. S. Holt, M. D.
Fort Smith.

Gentlemen: I find myself at a loss for words to fittingly express to you my appreciation for your support so conspicuously shown in electing me president of this society, and it is my earnest hope that this co-operation will continue throughout the coming year; that each and every member will be in such close harmony with the other that we will work and advance, not as individual men, but as a unit; having as our motto one that has come down to us from generations past—but of no better one do I know: "United We Stand; Divided We Fall."

After thanking you individually and collectively for making me your president, and for your good fellowship, I believe the most fitting subject I could choose for a brief talk with you would be that of "Organization," and the shoulder to shoulder and shield to shield support that is the necessary foundation for its success.

Today the world looks upon co-operation as a necessity and the motive power upon which depends the success or failure of every vast proposition, commercial, social or professional.

We have had it since the very dawn of Christianity, when Christ organized the twelve apostles into a body to preach His gospel and express His thoughts to the multitudes; and, as a result, we have today practically a Christian world.

The wonderful achievements of modern times have been brought about, not single-handed, but by a concerted effort of forces, power and brains. Mountains have been tunnelled, rivers made to change their courses and earth disemboweled of her riches.

All the modern comforts that you and I enjoy are the results of co-operation in evolving from an idea a tangible reality.

The medical profession is realizing more and more the value of organization; that "In Union there is Strength"; that the success of some of the greatest men our profession has ever known has been due to the support, encouragement and co-operation of their fellow-men. The transplantation of foreign tissue has been made possible through the co-operation of the biologist and the surgeon; scientific diagnosis, through the co-operation of the physiologist and the internist, and I trust that by the end of the year the surgeon, internist, eye, ear, nose and throat men, and every different branch will have become more closely associated.

Gentlemen, the idea I seek to convey is this: We are an organization, but are we working as a unit? Are we co-operating with each other as we should? Our patients, the people who trust their lives to us, deserve that we give them the best skill and attention that the profession has to offer.

Ours is the greatest profession that there is, and if it is not so regarded by the people it is our fault, not that of the laity. We do more to alleviate suffering than any other class of men, be they priests or laymen; but it is only by our combined efforts that we shall receive our just recognition, the reward we deserve and the compensation we are entitled to.

We should put forth the best that is in us to help keep and support organized profession and make it as strong as the Rock of Gibraltar.

Remember, as members of this society, we are the stockholders and the stockholders, as a whole, are the owners that reap the harvest

*Address of the President, delivered before the Sebastian County Medical Society, Fort Smith, January 13, 1914.

from a paying organization. No man is too small to be of untold value, for all bodies are made up of small parts; and many times, in the absence of the smallest essential, the whole mechanism is paralyzed. On the other hand, no man should be too big to take a vital interest in the most minute detail in an organization that will mean his advancement in the profession he has chosen for his life work. "Organization" is the finger that points to the shortest cut of the road of our medical career toward our mutual and individual success.

EXAMINATION OF EYES AND EARS OF SCHOOL CHILDREN.*

By R. H. T. Mann, M. D.
Texarkana.

The eyes and ears of every school child should be examined before they are permitted to enter school. There are several good reasons why this should be done.

(1) Children suffering from infectious diseases could be excluded from school until they have been cured.

(2 Those with visual defects can have a more careful examination and in many cases the defects can be corrected by glasses or other means.

The teacher, in arranging to seat the pupils in the school room, can seat these children with poor vision to the best advantage, both for the child and the teacher.

Those children having degenerative changes going on in the eyes can have their work limited, so that the progress of these changes can be checked as far as possible. To illustrate what I mean by this, by far the largest per cent of myopia is progressive. These children should be taught only such branches as are absolutely needed for them to earn a living by following a vocation where the constant use of the eyes is not necessary for near work. They should not be allowed to do a lot of promiscuous reading, especially at night by a poor light, and then when lying in bed. Myopia is due to the excessive use of the eyes for near work.

A teacher can be taught in a few minutes to make an examination of the eyes. The ordinary test cards are so simple and the marking so plain that an error can hardly be made. Where the child does not know the letters, a card can be substituted with familiar objects, and at a later time a more thorough examination can be made. A careful record should be made of all children with ocular defects and these children should be re-examined each year. By this means it is easy to ascertain whether or not the defect is progressing.

A small per cent of children with visual defects can be given limited education and allowed to pursue some avocation where the eyes are not used continually for near work, and live a useful life; whereas, on the other hand, they will in time become almost, if not totally, blind and become a burden on the community.

The hearing can be tested easily with a watch and whenever it is found defective a more extended examination can be made to ascertain the cause. Every person ought to be able to at least suspect a child who is suffering from enlarged tonsils and adenoids. Enlarged tonsils and adenoids are the cause of deafness in nine-tenths of the cases in children, and these obstructions should be removed very early before the child is permanently deaf, and the operation will not restore the hearing. In many of these cases a tonsilectomy and adenoid operation is all that is needed.

Railroads and other public corporations look after these things better than the majority of the laity, who seem content to stagnate or rather to sleep on their rights.

DISCUSSION.

Dr. John F. Rowland (Hot Springs): I think this subject which Dr. Mann has selected is one of the greatest import to our commonwealth. I believe that every school should have a physician to examine the children who attend that school. Four years ago I was appointed by the School Board of Hot Springs to examine the eyes of 2,300 school children. I did not make a complete examination of all of these children. I used a test card and took as a basis for normal eye the sight of a child who could read the test card at six meters.

In the primary grades we found seventy-five per cent of the children could read this test card. As the grades advanced in the high school I found that sixty-five per cent of the children had defective vision. In the higher grades I found that the children were suffering from eye strain; I found them with diseases of the lid; I found them with cross eyes and phorias of all kinds.

I took these pupils of the high school and made fundus examination. I found them with retinitis and every other trouble that affects the uveal tract. Some of these children were not able to complete the higher grades, falling short in their examinations.

Dr. Day of New York, in a recent study of statistics in New York City, found that ninety-seven per cent of the school children of New York were defective in teeth and tonsils. Seventy-five thousand children in New York last year failed on examination

*Read in the Section on Diseases of Children of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

and sixty-five thousand of them were sent back to school to pass the same examination the following year, which cost New York an expenditure of more than a million dollars. That shows conclusively to my mind that the medical profession of this country must insist upon due attention to this grave matter, and prevail upon the school boards to have the eyes, noses and throats of these children examined.

Of course, the specialists are open to the suspicion of a mercenary motive, and they would think we were bringing up the subject from a selfish point of view. It belongs to the general practitioner to take it up with the school boards. It would be a much easier matter with them than for the physician who makes that subject a specialty.

Dr. Thibault (Scotts): I am a general practitioner and can take up the subject in the way the doctor suggests. I consider the public schools of the State of Arkansas as a bureau for the dissemination of infectious diseases among children. I consider them a kind of mill in which the weaker are ground down and the stronger are tested to the limit of their endurance. In my community we have two large special school districts made up of several previously existing districts. I have had experience which has shown me that the former idea that young humanity can only be educated en masse has done more harm to the race than almost any other system. I have in mind a little girl who, through my intervention, has made at ten years of age six grades in grammar school, though she has never attended school over three months in her life. She has done that after finding that she had made better progress than she would have done in six years shut up in a public school.

I have several patients attending public school whose backs have been twisted by sitting at ill-fitting desks. I have two patients in that school suffering from granulated eye-lids, who, when they are out of school, away from the chalk dust and the glare of the red-hot stove, do very well; their eyes do not bother them. One of them who occupied a seat near the stove has had to quit school during the winter.

This is probably one of the most difficult problems with which the members of this society have had to deal.

The doctor has proposed measuring the myopic eyes. That does not touch the problem of the little fellow that keeps his nose close to the book; with twisted back, pale and emaciated, sitting in there where the air is full of spores and chalk dust.

I have a little girl that goes to this school, who has a chronic cough every day she is in that room. When taken out into the open air and given an opportunity to sit under a tree she becomes easy; she learns her lesson in just half the time; her cough disappears and her temperature becomes normal.

We have this tradition, that the only way by which we may educate children is to bring them together and educate them uniformly, mixing the healthy and the strong in with the weak and diseased ones. We put them in this school (run as our public institutions generally are run), and the unfortunate and defective children become a source of infection to the others in that school. This condition is becoming more painfully apparent every day we live, and it should interest every official, every general practitioner, every citizen, every parent. It brings to my mind more forcibly than anything else the traditions which I have spoken of here, which are the stumbling blocks which impede the progress of mankind. We believe that the best way to educate the children is to bring them all together in the same conglomerate whole, and proceed according to one standard to be applied alike to the weak and the strong, the half blind and those with good vision, and make them all live up to the same code. The deaf child is placed in the back of the room and expected to keep up with the one with acute hearing more favorably placed in relation to the acoustics. The half blind child is expected to progress alongside of the child that can see. Those who are restrained gradually becoming less confident, while those who really needed curbing very often have turned out failures for the want of proper individual care on the part of the teacher. The extreme difficulty of adapting themselves to these trying conditions means physical and mental bankruptcy to the child.

Dr. J. W. Ramsey (Jonesboro: I would like to emphasize what Dr. Mann has said about the proper care of the child and the removal of adenoids and tonsils. It is not always the enlarged tonsil that does the most damage. Much depends upon the condition of the tonsils. We often find very small or submerged tonsils. I have sometimes seen cheesy matter run out of them like tooth paste out of a tube.

I believe a great work is to be done in the education of the child. Probably it had better begin with the school teachers. This is an important matter to all of us. We should educate the teachers in hygiene and prophylaxis and then the children would find themselves in competent hands and their future welfare safeguarded.

In my part of the state there is a very great amount of trachoma around through the country. If the school teachers could educate the children, they in turn would teach their parents and that would be a very effective means of eradicating a great deal of the trachoma.

Dr. Caldwell (Little Rock): I would like to emphasize one point about the feasibility of taking care of these patients as they should be. The conditions are such that I do not see how we can do it. I do not see how we can have a private training school for these individuals. Their financial predicament is such that they cannot get instruction under the present public conditions. It is one of our great problems and we must try to solve it intelligently. The education of the young is of vital importance and has a great bearing on the commonwealth. The eyes of the children should be subjected to a thorough test by an expert. We doctors who have been close in touch with the situation know what we have to do in the schoolroom. It is a great big problem and should not be dismissed hurriedly. Every child is entitled to a healthy system, but, of course, we know that generally they do not have them. We have to do the best we can under the circumstances.

I heartily concur with Dr. Mann, and believe that every child entering school should undergo a careful physical examination. For the eyes the test card is usually sufficient, and by observation and the ordinary watch test you can generally get a good idea as to the hearing, and if defective vision or deafness is shown, the child should be referred to the doctor appointed by the School Board, whose duty it is to look after these cases.

There has been something said about the submerged tonsil, and I am sure that an efficient system of examination of the school children would include examination of the fauces and throat.

Kyle of Philadelphia, who is one of the best nose and throat men I know, says that if the tonsils and adenoids are not removed before the child is seven years of age, the shape and contour of the face is such that they will have the "adenoid expression," which will remain even after the tonsils and adenoid are removed. Take a child eight, nine, ten or twelve years of age that has been operated upon in later years—the chances are they still have that peculiar expression referred to.

I have seen numerous cases of nasal troubles which showed up at about the age of seven, in which a

deflected septum was present, and the symptoms were the same as if the patient had adenoids. The way to remedy this is to operate on the nose and get an efficient dentist to straighten up the teeth above and below. He can do something by pulling them apart and bringing them down in order to give more room through the nose.

We ought to have a campaign of education over this state to do something for our people who are suffering from granulated eye-lids. The boy in school with this infection should be isolated and not allowed to associate with the children whose eyes are not diseased.

I think this is an excellent paper, and I am sure that it is a subject upon which we cannot talk too much.

Dr. Ida J. Brooks of Little Rock, in discussing the paper, gave in detail the methods used by her in her medical inspection in the city schools.

Dr. Thibault (Scott): I would like to correct the impression that I have made, that the teacher is responsible for the conditions in our public schools. I regard the teacher as much a victim as the pupil is. I think it is a problem that vitally concerns us. I believe that the public care of the child is of paramount interest to every citizen of Arkansas. If there is anything wrong about our school facilities, they ought to be corrected without delay. I agree with Dr. Brooks that the teachers are underpaid; and I know of no good reason for this, because it is a profession requiring the very highest standard of efficiency and skill, yet in a great many instances the pay allowed is that of an ordinary house girl. We ought to look after this and apply the remedy.

Dr. Mann (Essayist): I am sure we all agree that the public school teacher is the poorest paid person in the world for the amount of work she does. For years I have been urging that they do exactly as other classes of labor are doing—that is, that they organize and go on a good, all-round, first-class strike, and say: "Now, we want just a fair compensation for our work." That strike would not last very long before they would get what they asked for. But the school teachers have so much of the missionary spirit that they will not do it.

I was glad to hear what Dr. Brooks had to say about the public schools of Little Rock. I have been wondering for the last few days about some statements that an old lady made to me recently, when I was down in San Antonio. I dropped into the Alamo, where there was an old lady who had charge, and she said to me: "I was born in 1842. I live in the only state of the Union and the only town in the state." I said: "You are making big speeches about the life and character of those men who made this Alamo famous, but I want to tell you that every one of them was imported."

FOLLICULAR CYSTS OF THE OVARY.*

By. R. L. Saxon, M. D.
Little Rock.

Follicular cysts of the ovary (Hydrops Follicularis) is one, or perhaps, the most often found cysts of this organ, not always giving symptoms, usually bilatral, and usually occurring after puberty, but may come before. It is the prevalence and unnoticeable relation that these little cysts have to the more weighty and noticeable ones of the ovary and ligaments, that I select this subject.

They are well understood, varied in their symptom producing power and may be easy to discover or very difficult. Some writers even hesitate to call them tumors and call them only harmless retentive cavities. This cyst is developed from the disintegrated unruptured graafian follicle. Usually as a result of some form of inflammation in and around the follicle, or over the surface of the ovary.

If this inflammation occurs before puberty, it is caused usually from some form of the exenthemata. After an ovary has passed through an inflammation, especially of gonococcic or puerpul infection, there is a hypertrophy of fibrinous tissue over and around the graafian follicle and hyperplasia of the covering of the ovary and the thickening of the capillary walls, thus producing an imperfect blood supply to the follicle and ovum. Then there is a degeneration of the granular layer of the follicle, the cells being flattened, or fatty atrophy or degeneration takes place. Some of these lining granular cells of the follicle keep secreting and the follicle being so much thickened, there is formed a cyst. This may be very small, as a mustard seed, or it may be so large as a walnut, perhaps larger. This is filled with a yellowish or brownish, usually harmless, fluid. Some writers maintain that these cysts will finally disappear by absorption, but I think this depends on the interference of the blood supply and thickening and disarrangement and degeneration of the follicle walls.

Goodall, of McGill University, claims that all tumors or new growths of the ovary are of epithelial origin and from germinal epithelium, or from interstitial stroma cells. He would not lead you to believe the small cysts formed in the graafian follicle or any corpus-luteum as a result of the drawing in of the epithelial layer, is a true neoplasm, but it is a secondary growth or only a retention cavity. That all true neoplasms develop from germinal epithelium rests or interstitial parenchymatous cells, and that other cysts may form by part of the surface of the ovary losing its epithelium, and plastic material being thrown out, then later the areas that are not denuded of the epithelium growing over the denuded ones, thus forming a pocket or cyst. (2) By an infolding of the margins of corpus luteum and a constriction finally at the surface and later a complete coming together of the sur-

*Read before the Third District Medical Society, at Wynne, Ark., October 30, 1912.

face edges, cutting off a cavity. (3) In the foetus and small children, before the ovary is completely developed, it may become lobulated and a dropping in of the epithelium, thus cutting off and forming a cyst.

Whether this be arue or not, we do know that there is a condition of the graafian follicle in which the granular layer has degenerated to the degree of abnormal function and as a result we get as cyst of varying size and substance, and also from the corpus luteum when involution is interfered with. As a result of these cysts we get a thickening of the small blood vessels and supporting tissues are increased and the neighboring follicles are not properly nourished. They then in turn degenerate and form cysts in the same way and we find hard, friable ovary and a general degeneration takes place, and at each menstrual epoch there is congestion and pain in this region and in back and head. Though the ovary may not be much enlarged and not enough for one to make a digital diagnosis, still there are many and marked clinical symptoms that will bring the patient to your notice. Such as rapid pulse, pain in the region of the ovary, back and head, of a neuralgic type. Melancholia, nervousness and armenorrhea may be marked. There may be so much complaint of pain in this region and rigidity of abdominal muscles with rapid pulse, the physician often diagnoses appendicitis. Both the following cases had been diagnosed and operated for removal of the appendix, with no relief: (1) Mrs. A., January, 1912, came to me with the following history: White, 23 years old, residence Little Rock, married, family history clear of venereal diseases. One miscarriage, one child two years later, child now three years old. No pregnancies since, though very desirous. Had appendix removed seven years ago by Little Rock surgeon; married two years later, menstruated at thirteen, missing every other month, scant till married, some pain of neuralgic type in back and head, especially at the menstrual cycle. Had the diseases of childhood, one spell of fever, perhaps typhoid, at eight years old. Came to me suffering with much pain in back and head, attacks occurring about the menstrual epoch, flowing for more than week each time. On examination I found the left ovary a little enlarged and tender, the right slightly so, a little sensitive over this region. I treated her three or four months with tampons of boroglycerride, hot sitz baths and douches, with but little effect. Laparotomy performed May 23, 1912. Found a cystic friable ovary on both sides; took out the right, most of the left. She has been free from pain since. She menstruates regularly and easy. Urine showed nothing, blood normal, appetite good, some anemia.

(2) Miss B. White, age 19, robust, healthy looking, never been pregnant, had diseases of childhood, especially severe attack of scarlet fever when a child. Menstruated at fifteen years, very scant and very irregular, not much pain, none at times, but had a dead aching in region of ovary about the menstrual epoch, rapid pulse at these times as high as 140, no temperature. Pain in back and head on exertion, horseback riding, walking, dancing, etc. While a school girl at New Orleans, 1908, no menses at all, but had these attacks. In 1909, while at Roanoke, Va., at school, had one of these attacks and before parents could get there a surgeon operated for appendicitis. She still suffered the same attacks afterwards and was sent to many summering places and kept out of school. She consulted Meyer and Eherenfest of St. Louis for diagnosis and treatment in 1910, was diagnosed infantile genitalia, nothing could be done. She came to Little Rock 1911, had a severe attack, and I examined to find all the organs as nearly normal as usual, in place, shape and size. No especial tenderness. So having the past history and having known this patient all along and seeing she was becoming melancholy, I advised opening the abdomen and examining the ovaries and at the same time dilate and curet, which we did March, 1911. On examining the ovaries, I found each follicle was a small cyst, size of small shot, and filled with brownish fluid and the ovary hard and a little enlarged, perhaps. I carefully cut the ovaries away trying to find some good tissues, finding none, I took them out, had them sectioned by the pathologist and he reported no good follicles. She has enjoyed the dance, horseback riding and the summer resort since. I consider the first case a case of follicular cyst of the ovary from perhaps two causes, developing from the fever attack at the age of seven, and, perhaps, in fection at the miscarriage at nineteen. By this time, February, 1914, this patient has gone through a normal pregnation and is the mother of a healthy babe. She is in best condition of health.

I consider the second a case developing from the attack of scarlet fever when a child. The point in this paper I am trying to impress is that we can have serious conditions

of the ovary developing from some of the exenthemata, or from low grade of inflamation and there may not be a true enlarged ovary, but it due to small developed cysts of graafian follicle or corpus luteum, and that these cystic ovaries should and must be removed to give the patient comfort and relief.

Book Reviews.

Causes and Cures of Crime.—By Thomas Speed Mosby, member of the American Bar, etc. Illustrated. Cloth, 354 pages. Published by C. V. Mosby Company, St. Louis, Mo. Price, $2.00.

The author of this well-written book avers the suppression of crime is a problem for physicians and economists rather than a legal question.

Throughout the volume he has sought to discover and portray the present status of scientific investigation upon the various topics treated, and has quoted freely from the leading authorities, sometimes with approval, sometimes for the purpose of recording a firm dissent; but always with profound respect for the great minds who have preceded him in this field of important research.

He is of the opinion that drink and crime both to be due to diseased minds, and that prison reform involves hospitals rather than penitentiaries. That the penitentiary is an anarchronism. It does not belong to modern civilization. He says it has destroyed more men than it has ever made, and wrecked more lives than it has ever saved. The penitentiary, therefore, must give way to the reformatory. He further says that three-fourths of the persons found in our penitentiaries are young men not out of their twenties and unable to earn a living excepting at the most rudimentary form of labor, and that they are the ones most likely to try to gain a living by unlawfully taking the property of others. But those persons who have been instructed in honorable and profitable methods of making a living do not usually resort to dishonorable and unprofitable methods which characterize the criminal.

The book is very interesting and instructive, and is well worth reading.

Infections of the Hand. A Guide to the Surgical Treatment of Acute and Chronic Suppurative Processes in the Fingers, Hand and Forearm.—By Allen B. Kanavel, M. D., assistant professor of surgery, Northwestern University Medical School, Chicago. New (2d) edition, thoroughly revised. Octavo, 463 pages with 147 illustrations. Cloth, $3.75, net. Lea & Febiger, Philadelphia and New York, 1914.

This is undoubtedly one of the most valuable and practical books which the physician could place in his library. The frequency of injuries to the hand, the disastrous results which may occur, and the importance of proper treatment, are well known.

The practical character of this work may be shown by the following quotation from the preface: "The chapters are so grouped that the busy practitioner can quickly find the part dealing with his particular case. Where the practitioner is in doubt, he should read the chapter upon 'Diagnosis and Treatment in General.' This will indicate the group into which his case falls, and will also direct him to the proper sections of the book where conditions of that nature are treated in detail."

The illustrations are large and remarkably clear and instructive.

History of Medicine, with Medical Chronology, Bibliographic Data, and Test Questions.—By Fielding H. Garrison, A. B., M. D., principal assistant librarian, Surgeon General's Office, Washington, D. C.; editor of the "Index Medicus." Octavo of 763 pages, many portraits. W. B. Saunders Company, Philadelphia, 1913. Cloth, $6.00 net; half Morocco, $7.50 net.

This book gives a definite outline of the history of medicine, and at the same time to place in the hands of physicians a large number of important facts which may be of use in his professional work or desirable to know as part of his medical culture. In attempting to treat the subject as a culture development as well as an important phase in the evolution of inductive science, the obvious lines of the graphic, the biographic and the bibliographic have been followed, and, at the end of each period, a brief survey has been appended. The latter have been made purposely sketchy, since anyone's own reading will tell him that he is not likely to be stimulated by too exhaustive excursion in this field.

Diagnostic Methods.—A guide for history taking, making of routine physical examinations, and the usual laboratory tests necessary for students in clinical pathology, hospital internes and practicing physicians. By Herbert Thomas Brooks, A. B., M. D., professor of pathology, University of Tennessee, College of Medicine, Memphis, Tenn. Second edition, revised and rewritten. Cloth, 82 pages. Published by C. V. Mosby Company, St. Louis, Mo. Price, $1.00.

This book is intended for physicians who have a limited amount of time to give to laboratory work.

Every possible care has been used to incorporate in this guide only the up-to-date and absolutely reliable laboratory tests.

Note.—Additional book reviews on page 268.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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ANONYMOUS COMMUNICATIONS.
Anonymous communications will not appear in the columns of this Journal, no matter how meritorious they may be.

Editorials.

THE ANNUAL MEETING.

The annual meeting of the Arkansas Medical Society will be held at El Dorado, Union County, May 19 to 22, inclusive.

According to advices from Dr. H. H. Niehuss, secretary of the Union County Medical Society, no one need fear any lack of first-class hotel accommodations. Headquarters will be at the Hotel Garrett, which will in itself accommodate 175 guests, and which has all modern conveniences, including hot and cold water and electric lights in every room. In addition there are half a dozen smaller hotels varying in capacity from thirty to fifty guests each, affording first-class service and excellent accommodations. The annual banquet will be served at the Hotel Garrett. Arrangements have been completed for 200 plates.

The El Dorado Committee on Arrangements has agreed for the use of the courthouse and other halls in the immediate vicinity which will afford ample room for all the general and section meetings, as well as for the displays of books, instruments and pharmaceutical accessories by the various supply houses.

The committee has been in correspondence with the medical societies in every county, and reports encouraging promises of attendance and a gratifying display of interest from physicians all over the state. The doctors of El Dorado and Union County are working with enthusiasm and local pride to make the attendance and scientific program equal that of any previously held in the state. They believe it will even surpass all others heretofore held.

Even though it may involve some personal sacrifice, The Journal urges every physician in Arkansas who can possibly arrange to leave his home, to attend and make the El Dorado meeting the biggest and best in the history of the society.

Not only have the members of the Union County Medical Society worked zealously to assure a successful meeting, giving generously of their time, talents and means to that end, but the business and professional men of El Dorado have contributed liberally in support of it, and ample funds have been secured to cover every possible expense incident to the entertainment of the sessions and guests.

It is up to the members of the society to show a proper appreciation of this spirit of cordial hospitality. It would be ungrateful not to do so.

SPECIAL PULLMAN TRAIN FOR THE EL DORADO MEETING.

Arrangements are planned for a special train of Pullman cars for the convenience of all attending the annual meeting at El Dorado of the Arkansas Medical Society. Taking the special will be to avoid all delays in making connections, and Little Rock being a railroad center, as well as geographically nearly the center of the state, this special would accommodate a large number of physicians from all points north, east and west of Little Rock, while at stopping points south the special could be boarded; but all who want accommodations, whether they board the train at Little Rock or en route, must make known their wishes in advance, so that sufficient equipment may be provided.

If a sufficient number desire to avail themselves of this opportunity a special one-way rate can be obtained of $1.70 for a lower and

$1.40 for an upper berth, plus the regular railroad fare, which from Little Rock is $2.94.

The plan is for the train to leave Little Rock about midnight of May 19, arriving in El Dorado early on the morning of May 20. Passengers may board the train and retire at 9 or 10 o'clock in the Little Rock yards and remain in their berths at El Dorado until 7 a. m. It is possible the special, on the same terms, may be used on the return trip leaving El Dorado after the banquet, about 1 a. m.

Members of the House of Delegates, of course, understand that they must be in El Dorado on May 19, the first day of the meeting, but they may enjoy the privileges of the special for the return trip. Those desiring the special accommodations and all wishing any further information will kindly address Dr. C. P. Meriwether or Dr. William R. Bathurst, Little Rock.

A TOPIC TO AVOID.

The secretary of a certain county medical society, in reporting one of its recent meetings, says:

"It was urged that we look forward toward securing better legislation, especially a lien law for a reasonable amount to protect the physician against bad accounts, as, under the present law, if a physician calls to see a case, although getting pay for the first trip, is compelled to see the case through, pay or no pay for the subsequent trips. This gives a person not disposed to pay a chance to use a physician for several nights, days, weeks or months, the physician waiting forever for his balance due, all the time seeing the same person using another physician in the same way in the next case. We suggest the discussion of the matter among the several counties, and probably it would be a good topic for a paper at the state meeting."

The Lord forbid that such a topic should be seriously considered by the county medical societies; and, of course, it could not be at the state meeting, because no such paper could get by the Program Committee. But that such a topic has been discussed and a suggestion made for further discussion and legislation makes it a subject of comment.

As physicians, we call our profession the holiest of callings outside the church, and surely no calling can be more exalted and altruistic than that of conserving the public health, healing the sick, relieving the sufferings of humanity, prolonging the life of the individual, increasing by the methods of modern medical, surgical and sanitary science the average longevity. We are engaged in making the conditions of life more tolerable from infancy to old age. We resent the charge of commercialism made by those outside the profession. Shall we give color to the charge by such discussions within the profession? Imagine the cartoonist of the humorous papers or the paragraphers of the daily press portraying the picture thus:

Agonized father: "Come quickly, doctor; my child is dying."

Doctor: "All in good time; but first let me draw up a lien on your possessions, then hunt up a notary public to acknowledge your signature, and after my fee is secured we can then see what can be done for your child."

Only recently Attorney General Moose rendered an opinion as to whether an agreement between physicians to charge a minimum fee was a violation of the state anti-trust law. He rules that the law was not violated by such an agreement on the purely technical ground that the letter of the law referred only to agreed prices, in restraint of trade, to the sale of commodities.

But that such an opinion should be asked for is felt by many to be a reflection on the profession. In effect such agreements really put physicians on the common plane of the union mechanic, who, by the rules of the union, gets a certain fixed per diem regardless of any superior skill he may possess.

Of what use are such agreements or propositions for lien laws to secure doctors' fees? The humane physician will not refuse to attend a sick call because his fee is not secured, whether his charge is the minimum fee agreed on or a larger one justified by his reputation, his skill, the demand for his services, it matters little if he ever gets it. We all know how much we never get, some by reason of inability to pay, more perhaps by unwillingness to pay.

Suppose a physician held a lien on a debtor's possessions to secure a fee and should proceed to realize on it, can we imagine any way more effective for a physician to kill his practice, lose the standing in the community and bring discredit on a noble profession than to sell a man out to obtain his fee?

Granted that we lose heavily at the hands of improvident and negligent debtors who are morally blind to their obligations, if they were to seek liens as a method of protection

they are willing to stand with the bricklayer with his lien on the building to secure his wages. We must take our chance with the merchant in collecting closely as he can, and be content with that. And, incidentally, would not county societies spend their time more profitably in discussing advanced methods in medical science and sanitary plans for the good of the community than in descending to rather sordid commercial details?

THE EUGENIC FAD.

As was expected, the Circuit Court sitting in Milwaukee has declared the eugenic law of Wisconsin unconstitutional, on the ground that it is an unreasonable and a material impairment of the rights of persons to enter into matrimony. If the case goes to the Supreme Court there is little doubt but that the decision will be sustained.

There is great danger of eugenics being pushed beyond the limits of common sense and degenerating into a fad. The Wisconsin law is an example of legislative fadism. It requires a certificate of health to be issued for a fee of three dollars, based on the Wassermann test. The arbitrary fixing of a fee was one of the grounds on which the law was declared unconstitutional, and Dr. M. P. Ravenel, the state bacteriologist, declares that there are not twenty-five doctors in the state equipped to properly give the Wassermann test. One of the inherent weaknesses of the law is the palpable fact that while it permits the issuance of marriage license only to the physical fit, the further fact that one or both parties may contract diseases after marriage that unfits them to procreate a healthful progeny is wholly ignored.

But the objection to the extremists in eugenics goes deeper than these mere details. Nature cuts queer and unaccountable capers. If heredity were not subject to the law of counterbalance, man would diverge in two directions, physically into a race of giants and one of pigmies, mentally the same way, morally into one race little lower than the angels, and another scarce above the devils. Nature, however, provides against this by the law of attraction so that we find harmony in opposites; the tall wed the short, the high-strung find their complement in the phlegmatic. It is the qualities one does not possess that attract, and so the mean average is maintained and the race remains physically and mentally what it has been through the ages.

Eugenics may apply to an extent to the lower animals, but not always to useful ends. In the race-horse we have an animal nervous, frequently vicious and wholly useless save as a gambling tool. All the qualities that make the horse eminently useful are bred out of it. If our cattle were all high bred Holsteins and Jerseys there would be none for beef at marketable prices. We must still have work horses and grade cattle for real use, just as we must have the laborer; and if the hopes of the eugenics were realized, common labor would be unobtainable.

The mating of man must be founded on that mutual attraction we call love, and that is omitted entirely from the eugenic program. The "love child" from time immemorial has often displayed unwonted brilliancy. Such a child, the son of a peasant girl and a notary's son, gave to the world its greatest painter, whose fame has been preserved throughout the centuries.

Great intellects rarely reproduce in kind. Pre-eminence is not perpetuated. Sons of famous authors, artists, poets, statesmen, musicians, scientists are rarely ever surpassed by their sons. Among the ancients we have Pliny the elder and Pliny the younger. Among the moderns we have the Dumas, father and son. Who can name others? Mediocrity or better than mediocrity may produce genius and brilliancy; but the later generations return to mediocrity or worse. Thus we have the son of a great literary genius and a descendant of the great Clay, a vagrant. We find absolutely degenerates among the descendants of the worthiest and noblest sires. The Huxleys, Darwins, Spencers, Drapers, Pasteurs, of science; the Dickens, Thackerays, Voltaires, Humes, Gibbons, Eliots, Victor Hugos, of letters; the Byrons, Longfellows, Shakespeares, Miltons, of poetry; the Van Dykes, the Rembrandts, of art; the Pitts, Clays, Gladstones, Disraelis, Washingtons and Lincolns, of statesmanship; the Grants, Jacksons, Nelsons, Napoleons, Drakes, of war on land and sea; the Garricks, Booths, Nell Gwynns, Nielsons, Jeffersons, Salvinis, of the stage; the Verdis, Liszts, Wagners, of music; the Pattis, Nilssohns, Carusos, Kubeliks, Paganinnis, of song and instrument, are never the fathers or mothers of exalted genius in their progeny. Either they have no posterity, or their descendants degenerate. If it

were possible for each succeeding generation to surpass the preceding one, the mind falters at the possibilities; but it is not possible, for the inexorable law of counterbalance steps in to preserve the normal average.

Among what modern science would dub "defectives" are the names of Caesar, Peter the Great, Napoleon, Alexander Pope, Dr. Johnson, Lord Bryon, Clive, Pitt and hundreds of others who have been world leaders in statecraft, war, art, science and literature.

Loveless marriages are the bane of society. Physically fit for parentage, the parties to such mismating may be thoroughly unfit to rear children, and it is too often true that the mating of splendidly fit subjects, physically, is barren of progeny while the unfit populate the earth and from sordid environment and obscure parentage often spring the great ones of the earth.

By all means prevent in every way possible the mating of degenerates, of the feeble-minded, of the victims of hereditary disease; and if this can be even partly accomplished, a great stride forward will have been taken; but do not attempt the impossible, and a close application of eugenics theories to the human race is impossible.

Editorial Clippings.

AMERICA'S HOT SPRINGS.

It is said that the German "water cures" have attracted more visitors to that country "than all the beauties of the Rhine, all the arts of the German galleries, and all the sciences in the famous German schools." Why? Simply because most of those visitors are physically improved by their sojourns. Whether the beneficial agency resides in the water, the air, the diet, the exercise or the environment is beside the question. The visitors get better, and they advise their friends to follow their example; and the tide sets that way.

Now, we have in this southern part of the United States of America a place which, in the elements requisite for a great natural water cure, surpasses anything to be found at any European spa. There are springs of every size, kind and degree, some hot enough to cook eggs, others cold enough to give one the toothache; some effervesce and sparkle like the soda water, and some fume and steam with odors "hot from Tartaras." The settings are worthy of the gems. Wild mountains rise on either side, caves and cliffs are there, and the hills are sometimes heard to groan as if in pain. To this resort have flocked for many generations the lame and the halt, the syphilitic and the rheumatic, and found relief, of course with proper medical aid and direction, and as one result some of the most competent, cultured doctors in the United States are to be found there. And the place belongs to the people of the United States and not to any firm or trust or syndicate; for long ago our Uncle Samuel set Hot Springs, Ark., aside as a government reservation, and placed a good man, recently deceased, to take care of it; and then forgot all about it. As time wore on a hospital was built for the army and navy. Then the Jewish B'nai B'rith Society erected a sanatorium for its ailing members, and the Masons are preparing to do likewise. Other fraternal orders are said to be contemplating putting in their applications for concessions. But Hot Springs is worthy of more care than this from the government. It should be made capable of caring comfortably for many thousands of invalid citizens. Hotels, theaters, libraries and places for recreation and amusement should be erected by the government, all according to some definite plan created by some artist-architect with a soul big enough to see the possibilities. A fire recently cleared the way for such an undertaking by destroying large areas of the old city of Hot Springs, and no irrevocable concessions should be made that might in the future interfere with the harmonious development of this Carlsbad of America.—Southern Medical Journal.

Personals and News Items.

Dr. Loyd Thompson of Little Rock has returned from a visit to St. Louis.

Dr. J. N. Norton of Smackover has moved to Lisbon.

Dr. M. S. Alexander of Truman has moved to Jonesboro.

Dr. E. N. Allen of Little Rock recently visited in McAlester.

Dr. Charles L. Hale of Little Rock has moved to Holly Grove.

Dr. C. S. Pettus of Little Rock has returned from a recent visit to El Dorado.

Dr. J. L. White of McGehee and Dr. Cunningham of Hensley recently spent a day in Little Rock.

Dr. B. A. Hall of Oklahoma City, formerly of Pine Bluff, visited in Little Rock last month.

Dr. S. W. Hooke, recently of Indiana, has located in the State Bank Building, Little Rock.

Dr. William C. Graves of McAlester is the guest of Dr. E. N. Allen of Little Rock.

Dr. John F. Rowland of Hot Springs recently underwent a surgical operation at St. Luke's Hospital, Little Rock.

Dr. E. M. Hudson of Charleston, Ark., has opened offices in the State Bank Building, Little Rock, and announces his practice limited to diseases of the eye, ear, nose and throat.

Every county secretary should regard himself as the local correspondent of The Journal of the Arkansas Medical Society. Items of interest of a medical nature will be appreciated by the editor.

Dr. M. G. Daly, assistant general surgeon, Chicago, Rock Island and Pacific Railroad, is conducting a series of lectures to the railroad employes at Little Rock. Dr. Daly's talks on "First Aid" follows the course suggested by the American Red Cross Society.

The following Arkansas physicians visited in Little Rock during the past month: J. R. Cunning, Lonoke; J. W. Powell, Russellville; W. J. Hornberger, Heber Springs; W. H. Abington, Beebe; R. L. Hilton, El Dorado; A. W. Troupe, Pine Bluff; H. P. Routh, Hartford; C. J. March, Fordyce; S. J. Hesterly, Prescott; W. L. Prestley, Morrilton; W. H. L. Woodyard, Judsonia; H. C. Stinson, Dermott; Rosa B. Rowland, Hot Springs; S. T. Tapscott, Searcy; B. L. Harrison, Jonesboro; J. N. Hutt, Ogden; H. L. B'Shers, Fulton; and Charles E. Robinson, Clarksville.

A WOMAN'S NUMBER.

The May issue of the Medical Review of Reviews is to be a woman's number. All the articles will be from the pens of women physicians whose work has achieved national importance. With the growth of the feminist movement, the economic position of women has attracted universal attention. As medicine was practically the first profession open to women, it is only proper at this time to consider whether their entrance into the medical profession has been of benefit.

In order that women may present testimony by which they should be judged, it has been decided advisable to give them an entire issue to present the evidence of the value of their accomplishments. In the laboratory, in the hospital, in institutions, at the bedside and in public service, women physicians have performed a valuable function. As a tribute to their earnestness, enthusiasm, modesty, energy, perserverance, and scientific acumen, the May number of the Medical Review of Reviews will be dedicated to the women physicians of America.

Abstracts.

SERODIAGNOSIS OF CANCER.

C. F. Ball, Rutland, Vt. (Journal A. M. A., Feb. 21), says that the results obtained from the Abderhalden ferment test indicate that it has special value in the diagnosis of cancer as in that of pregnancy. These results seem to demonstrate that there is a similar ferment produced in cancer and that it is quite as specific. Vaughn's views are quoted: According to him, one may obtain positive cancer reaction in two classes of cases: "First, occasionally clinically normal persons who have sometime or other possessed a cancer invasion which has been entirely eradicated, and secondly, all cases possessing even the slightest malignant tumor formation. The latter class may rightfully be divided into two subdivisions—those suspiciously malignant and those clinically malignant." Ball gives a table of fifty-one serum examinations classified as clinically malignant, suspiciously malignant and clinically non-malignant. In the first all reactions were positive. In the second class twenty of the twenty-eight cases were positive and have been verified by subsequent examinations, by operation, microscope, roentgenogram or definite history. The test was erroneous in two cases and two of the remaining cases are developing suspicious symptoms. In none of the negative cases have suspicious symptoms developed. In sixteen non-clinically malignant, four were positive, but these were in women in advanced pregnancy, and in each cancer the cancer protein was obtained from a cancer of the uterus. The author gives the findings with pregnant serums used as controls. Even non-pregnant women reacted positively and six of the sus-

pected pregnant cases also. The single negative reaction in this group was in a woman with a thickened parietal peritoneum. There were two errors in these other cases which he attributes to the aminoacids of digestion. Since these errors he has taken the blood for diagnostic purposes, as a rule, on an empty stomach. The positive findings in persons not known to be pregnant all occurred in actual or suspected cancer cases. His work has impressed him with two sources of error in the use of the Abderhalden test with the usual uriometer jar or large test-tube as an improvised dialyzing apparatus. One is the bacterial contamination of the thimble and its contents when filling the thimble outside the dialyzing chamber. The second and more serious possible error is of getting a drop or so of the blood-serum or a speck or two of the protein material on the outside wall of the dialyzing thimble. He describes and figures an apparatus devised to avoid these possibilities.

"HUMAN VIVISECTION."

R. M. Pearce, Philadelphia (Journal A. M. A., Feb. 28), takes up and refutes in detail the falsehoods and gross misrepresentations published by the anti-vivisectionists as regards "human vivisection." After refuting their statements and arguments, he says: "Three courses are open to the medical profession: 1. To refuse absolutely to try any new drug, new operation or new means of diagnosis, because it would be an 'experiment' and an example of 'human vivisection.' 2. To test new ideas, suggestions and methods at once on man. 3. To make the first tests and experiments on animals and then if found useful and not dangerous, to apply them, with every possible safeguard, to the relief of man. If the first course were followed, all progress would cease and all medical and surgical treatment would become sterotyped. The second involves a moral responsibility which few conscientious physicians would care to assume. The third has a basis in a definite ethical principle. Which would any sensible man or woman choose as a guide to medical progress?"

VENEREAL INFECTION.

James Patterson, Chicago (Journal A. M. A., Feb. 28), reviews the statistics of venereal infection so far as they can be obtained and the estimates that are based on them by experts. The figures are certainly formidable enough and are taken up by him in the discussion of the economic importance of these diseases. In fact, Osler puts syphilis in the class next to tuberculosis, pneumonia and cancer as a cause of death. Gonorrhea is not considered so malignant by men generally, but Morrow assures us that eighty per cent of the deaths from affections peculiar to women are due to gonorrhea. Were it not for that disease the gynecologic departments of the hospitals might almost be done away with. The direct financial loss cannot be computed, but it could be approached from the proportion of taxes used in caring for our defectives, insane or blind. Next to refraction error, venereal infections are considered by ophthalmologists to be the most fruitful source of defective vision. Then there is the loss of time and efficiency, and he gives figures of hospitals indicating this, though they are admittedly far from being high enough. In Berlin, where all men are compelled to serve in the army, 7.66 per thousand were rejected for venereal causes. Education is advised, but it is not alone sufficient to reduce the evil, though it would work a tremendous change. Compulsory notification is hard to secure, but it will be adopted sooner or later. The most crying need is effective treatment for all cases, in Patterson's opinion. The affections cannot be cured by ignoring them. Camp suggests for railways and the traveling public that railway employes undergo periodic examinations and a great many corporations have a medical staff to care for their employes, and it would be advisable to direct their attention to this subject and to examine all new employes. Mutual benefit associations could be most benefitted in this way and he asks, why should not insurance companies protect themselves by increasing the premiums when tests are not made to insure the patient absolutely from any taint? Insurance premiums could be increased on women after marriage, if this is not made absolutely certain. Prodding the pocketbook will stir up the conscience.

SHORT-CIRCUITING THE COLON.

J. Rilis Eastman, Indianapolis (Journal A. M. A., March 7), says that anastomosis of the caput coli at its lowest level with the rectum as a means of short-circuiting the large bowel presents all the advantages and eliminates many of the evils of the operative pro-

cedures now in use. Ileosigmoidostomy does not always drain the cecum, and while anastomosis of the terminal ileum with the rectum is somewhat more efficient, the pus formation at the blind end of the ileum, described by Werelius, may defeat the object of the operation and reversed peristalsis favor retention of fermenting food and bacteria. If the caput coli is anastomosed freely to the rectum at the lowest point possible without traction, the emptying of the cecum is favored at this point, also where direct drainage is most needed. The Murphy button may be used and is here quite safe, as it will be readily discharged here. To insure anastomosis of the most dependent part of the caput coli, the appendix should be removed if it is necessary to secure perfect drainage.

ORTHOPEDIC SURGERY.

A review of the progress of orthopedic surgery during the past decade or so is given by J. L. Griffith, Kansas City, Mo. (Journal A. M. A., March 7). He first speaks of the advances made in the treatment of tuberculosis, especially mentioning the use of immunized milk advised by Rosenberg. Should its value be demonstrated, it will be, he says, the greatest boon given the medical profession for fifty years. The prevalent opinion as to the nature and cause of arthritis, especially tonsillar infection and the advances that have been made in treating the results of poliomyelitis and methods that are still in the experimental stage, like nerve transplantation, anastomosis, etc., are also mentioned. Lorenz and Hibbs' work in regard to congenital hip dislocation and that of the Hibbs and Albee in vertebral surgery, the various methods for the relief of scoliosis and the aid that the orthopedist can give in the treatment of enteroptoses, as shown by Goldthwait, are also mentioned. The article will serve for convenient reference in regard to these various methods.

MENTAL DISEASE.

The factors in the etiology of mental disease are discussed by F. X. Dercum, Philadelphia (Journal A. M. A., March 7), who divides them primarily into two groups—the intrinsic, embraced in the great factor of neuropathy, and the extrinsic causes, the infections, intoxications, visceral diseases, metabolic disorders, trauma, etc. By neuropathy he understands a fundamentality defective or aberrant nervous organization shown by peculiarities of mental development and more or less by physical abnormalities in many cases. It is not surprising that individuals with these defects should break down under the ordinary stress of living, and that such breakdowns occur early in life, giving rise to insanities of the juvenile period and puberty, and also later causing the paranoid affections of the adult. The relations of neuropathy to heredity are noticed. The heredity factors are present in a very large proportion of the insane, especially in manic depressive insanity, dementia praecox and paranoia. This heredity is of two kinds, in one of which a specific neuropathy and in the other a more general one is transmitted, but both of these may be combined in some cases. Where the extrinsic causes come in play, the neuropathic factors in heredity are also often active. Infections, trauma, etc., are only causes of mental breakdown where the resistence is weak. The psychic causes, of which much was made by the older authors, have latterly been considered of less importance. At the most, Dercum says, they act as an incidental support or framework on which the delusional or obsessional feeling can secure a hold or obtain concrete expression. From this point of view he passes to the consideration of the Freudian psychology and methods of psychanalysis which he subjects to a severe criticism. They recall the writings of Janet, to whom he thinks Freud and his followers have given too little credit. He charges them with formulating differences based on doubtful inferences and questionable hypotheses, and says that this is very evident in the Freudian explanation of dreams. According to Freud's method the psychanalyst can find most anything that he is looking for, and there can be no doubt but that he always finds it It is a matter of proper inquiry whether or not psychanalysis is harmful, and Dercum refers to Hoche's inquiry on the subject as indicating that it may be so. The psychology of insanity, Dercum says, is one thing and psychanalysis is another, and Freud and his followers are classed by him with the Christian scientists as a sort of an outcome of the mystic tendences of the modern times. He prophecizes that in the course of time it will pass away, together with other delusions like Eddyism, Dowieism, etc., and the medical fads that from time to time have had their day.

BINASAL HEMIANOPSIA.

A case of binasal hemianopsia occurring in the course of tabetic optic atrophy is described by C. R. Heed and G. E. Price, Philadelphia (Journal A. M. A., March 7). They say that it is a rare symptom; that it is not an entity by itself can be inferred from the small number of cases recorded. There is a question whether hemianopsia ever occurs from lesions of the external fibers of the chiasm, as held by Purves Stuart, but the authors do not admit this. An analysis of the cases shows that in most cases the symptom reults from more or less symmetrical lesions of the optic nerves. It has been remarked that it occurs seldom in hysteria, but the authors hold that this is due probably to a lack of suggestion. The other point of interest is the lack of binasal hemianopsia in insular sclerosis, where there are symmetrical lesions of the outer halves of the chiasm. A sclerotic area in the chiasm is comparatively frequent, but hemianopsia does not as a rule occur. This they account for by the tendency of the disease to spare the axis cylinders. The patient in the case reported had complained of progressively failing vision for the past three months. His general health was good and there was no history of prior ocular disease, but he had a suspicious leutic lesion twenty-four years ago. The neurologic examination supported the diagnosis of tabes, as did also the therapeutic test. The patient had been under specific treatment before the examination, and the Wassermann was negative. The diagnosis was supported by the combination of optic atrophy, slight Romberg sign, loss of Achilles tendon reflex, Biernacki's sign and a lymphocytosis of the cerebro-spinal nerve. The binasal effect is attributed to a selected atrophy affecting the intracranial portion of the optic nerve. The article is illustrated.

RARE GONORRHEAL INVOLVEMENT.

M. Ziegler, New York (Journal A. M. A., March 7), reports a case of infection of the skin of the prepuce by the gonococcus and its cure by a conservative plastic operation after failure of local applications of hydrogen peroxid and mercuric chlorid. Circumcision was considered impracticable on account of the extent of the infection.

ASPIRIN IDIOSYNCRASY.

E. N. Reed, Clifton, Ariz. (Journal A. M. A., March 7), reports the case of a patient who, after taking a capsule containing five grains of aspirin for a cold, was taken with vomiting in about half an hour, followed by a "stiffness" in the throat, making him think he was developing a tonsillitis. An hour and a half after taking the capsule his face was swollen and cyanotic, the eyelids edematous and almost closed and the conjunctive injected, the whole face swollen, the breathing was labored and asthmatic, the nasal mucosa gorged, preventing nasal breathing, the buccal mucosa and pharynx were dark red and swollen, the uvula twice its normal size. The pulse was 120, soft and full, temperature 98. The breathing was such as one might expect with edema of the glottis. No treatment was instituted; the symptoms disappeared in six hours, but there was a fine, papular rash on the trunk the next morning. The patient reported a similar experience about a year before, lasting about five hours, after taking a capsule of two and one-half grains each of aspirin and phenacetin.

NEW SIGN IN PNEUMOTHORAX.

In a careful study of eleven cases of induced and artificial pneumothorax in consumptives, J. L. Pomeroy, Monrovia, Cal. (Journal A. M. A., March 7), has observed in every case a spasticity and rigidity of the rectus and other abdominal muscles in the upper quadrant of the abdomen on the same side as the lesion. In his most recent case the spastic condition of the upper segment of the left rectus and the region of the epigastrium was so marked as to make a visible tumor. The patient, a physician, noticed this himself and was much interested, as it seemed to vary with the tension of the chest. The area was also hyperesthetic. The symptom is constant in all cases, but so far as he has seen has not been noticed previously in pneumothorax. He hopes that if it is verified by other observers it will prove a valuable guide in the production of artificial pneumothorax. A fuller report is promised.

THE HEART IN PNEUMONIA.

R. F. Fennell, Guntersville, Ala. (Journal A. M. A., March 7), suggests the importance of the pressure on the pulmonic circulation and the aided labor of the heart in pneumonia as a point of special importance in the treatment of this disease. Hence the guide as to the immediate condition of the pneumonia patient is the quality of the pneumonic second sound of the heart, heard best in the second interspace just to the left of the sternum. So long as the sound of the pulmonary valves is accentuated and imparts a snapping quality, we may rest assured that the right heart is doing its work well. When this is lost and cyanosis supervenes, the right heart is becoming incompetent, and it is necessary to reduce the pulmonic pressure for its relief. Strychnin aggravates such a condition, and to give the heart a chance to recover, he advises the patient being placed in a semirecumbent position and nitroglicerin, 1-100 grain, given every two hours if necessary. This should be continued if any signs of edema of the lung appear, and 1-100 grains of atropin given instead, with due caution after three doses. The whole body except the head should be enveloped in a mustard pack and artificial heat applied. The patient should remain in the pack until the skin is red and the pack repeated as often as needed to retain redness.

BLOOD COLLECTIONS FOR CULTURES.

F. A. McJunkin, Boston (Journal A. M. A., March 7), after noticing the time-consuming difficulties and labor of making blood cultures and the need of plating the blood, describes a tube devised for expediting the work in the Wassermann test, in which the blood is run directly into a sterile tube containing oxalate solution to prevent its coagulation. By this apparatus and method a large number of specimens of blood can be obtained with ease and speed. The apparatus is illustrated.

BLOOD TRANSFUSION.

V. O. David and A. H. Curtis, Chicago (Journal A. M. A., March 7), describe an apparatus for blood transfusion, an account of which had been published before in The Journal, A. M. A. (January 7, 1911, p. 35). Two years later Cooley and Vaughan described a similar method, varying only in two respects, namely, the use of a smaller syringe and omissions of the petrolatum coat, in which David and Curtis consider the method of Cooley and Vaughan inferior. David and Curtis reproduce their former account of the method of its use, and report that they have used it in twenty-two cases on the human subject and found it more satisfactory than other methods.

GONOCOCCUS CULTURE.

J. O. Hirschfelder, San Francisco (Journal A. M. A., March 7), describes a culture medium for the gonococcus which was utilized by him to meet the difficulties experienced in satisfying the demand for the gonococcus extract described in The Journal, A. M. A., April 15, 1913, and by using which he met all the demands. "Two hundred gm. of bullock's testicle, ground with a sausage-grinder, were boiled with 1,000 c.c. of water made alkaline with sodium hydroxid so that 10 c.c. required 1 c.c. tenth-normal acid to neutralize to phenolphthalein. This was filtered, and one part of this testicular extract was added to three parts of agar prepared as follows: Veal bouillion, 1,000 gm.; saturated solution of sodium phosphate made neutral to phenolphthalein with phosphoric acid, 100 gm.; agar, 30 gm. Agar so prepared can be autoclaved, and on it the gonococcus grows rapidly."

BE SURE THEY ARE SOLUBLE.

The hypodermatic tablet, being essentially an emergency agent, should be chosen with discretion and judgment. When he administers a solution from one of them the physician wants prompt action—and he wants to be certain that he is going to get it. To have that assurance he must use a tablet that is active, that has definite strength, that dissolves promptly and wholly. Cheap tablets, indifferently made tablets, tablets concerning which there is the slightest doubt as to medicinal quality, may well be left alone. Happily, there is no need to err in the matter of selection. Hypodermatic tablets of the better sort are easily obtainable. Perhaps the brand which comes most readily to mind is the brand which is offered so extensively to physicians under the familiar caption of "Five Seconds to the Watch." The makers, it is hardly necessary to add, are Messrs. Parke, Davis & Co., who guarantee their hypodermatic tablets unequivocally as to purity, solubility, activity and stability.

New and Non-Official Remedies.

Since publication of New and Nonofficial Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical As-

sociation for inclusion with "New and Non-official Remedies":

Serobacterins. — Serobacterins are emulsions of bacteria, which have been treated by the application of the corresponding specific immune serum. Bacteria as treated are supposed to contain specific amboceptors, so that immediate union with the complement of the patient's serum is said to occur. Hence, their action is supposed to be more rapid than that of ordinary vaccines. They are also said to be free from the negative phase and the general and local reactions produced by ordinary vaccines.

Staphylo-Serobacterin, (Mulford).—This is a sensitized Staphylococcic Vaccine. H. K. Mulford Co., Philadelphia, Pa.

Strepto - Serobacterin, (Mulford).—This is a sensitized Streptococcic Vaccine. H. K. Mulford Co., Philadelphia, Pa.

Typho-Serobacterin, (Mulford).—This is a sensitized Typhoid Vaccine. H. K. Mulford Co., Philadelphia, Pa. (Journal A. M. A., Feb. 7, 1914, p. 457).

Disinfectant Krelos, (Mulford).—A solution of cresols or higher phenol homologues and rosin soap. The phenol coefficient, ranging from 5 to 7, is stated on the label. It is an antiseptic, germicide and deodorant. Mulford Antiseptic Krelos is an almost black liquid, having a cresol-like odor, forming a milk-like emulsion with water. The H. K. Mulford Co., Philadelphia, Pa. (Journal A. M. A., Feb. 14, 1914, p. 537).

Anti-Anthrax Serum, (Mulford).—It is prepared by immunizinz horses against virulent anthrax bacilli. H. K. Mulford Co., Philadelphia, Pa.

Antistreptococcic Serum Scarlatinal, Polyvalent, (Mulford).—The serum of horses treated with streptococci, taken from scarlet fever patients. The H. K. Mulford Co., Philadelphia, Pa. (Journal A. M. A., Feb. 14, 1914, p. 537).

Corpus Luteum Capsules.—Each capsule contains desiccated corpus luteum, Armour 0.3 gm. Armour & Co., Chicago.

Corpus Luteum Tablets.—Each tablet contains dessiccated corpus luteum, Armour 0.13 gm. Armour & Co., Chicago. (Journal A. M. A., Feb. 14, 1914, p. 615).

Granular Effervescent Salicylos.--Each 100 gm. contain strontium salicylate 6.54 gm., ammonium salicylate 6.54 gm., with an effervescing base of sodium bicarbonate, citric acid and tartaric acid. H. K. Mulford Co., Philadelphia, Pa. (Journal A. M. A., Feb. 21, 1914, p. 615).

Amphotropin. — Hexamethylenamin camphorate, a compound of hexamethylenamin and camphoric acid. It combines the action of camphoric acid and hexamethylenamin, but is claimed to be free from the subjective gastric disturbances produced by camphoric acid and to be effective in smaller doses. It may be given dissolved in water or as Amphotropin Tablets, containing 0.5 gm. Farbwerke Hoechst Co., New York. (Journal A. M. A, Feb. 28, 1914, p. 697).

Propaganda for Reform.

Sal Hepatica.—Sal Hepatica, marketed by the Bristol-Myers Co., New York, has been refused recognition by the Council of Pharmacy and Chemistry, because its composition is secret, because it is advertised indirectly to the public for the treatment of diseases, because exaggerated and unwarranted claims are made for its therapeutic qualities, and because this name fails to indicate its chief constituents, but does suggest its use in liver disorders. The Council authorized publication of its report because the exploitation of Sal Hepatica is an important illustration of the way in which physicians are being made parties to the introduction to the public of a patent medicine the indiscriminate use of which must often have resulted in harm, direct or indirect. (Journal A. M. A., Feb. 7, 1914, p. 472).

Orin Robertson and His Seven Sacred Oils.—Robertson is a quack, at present located at Arkansas City, Kansas, who claims to remove gall stones by means of "Seven Sacred Oils, which grow in seven different climes." For the oil he claims "One oil acts specifically upon the entire head and throat. One oil acts directly upon the esophagus. One oil acts directly upon the stomach." And so it goes, each oil acting a little lower down, until we reach the seventh oil, which acts "directly" on the rectum. Robertson also exploits a cure for cancer. (Journal A. M. A., Feb. 7, 1914, p. 473).

Mu-col.—"Mu-col for Cleansing Mucous Membranes" is a nostrum put out by the Mu-col Company, (Inc.), Buffalo, N. Y. The following claims are made: "Mu-col obtains most gratifying results in catarrhal inflamamations of the mucous membranes. Leucorrhea, tonsilitis, sore throat, cystitis, internal hemorrhoids, nasal catarrh and pus cases respond at once to irrigations with Mu-col solution. Strong solutions of Mu-col have proven of sterling value in treating hives, prickly heat, ivy poison, sunburn, eczema, typhoid and scarlet fever." Examination in the A. M. A. Chemical Laboratory showed Mu-col to be a mixture of sodium chloride and borax, equal parts, with the addition of a small amount of aromatic substances. (Journal A. M. A., Feb. 7, 1914, p. 474).

Piorkowski Laboratories Not Licensed.—The Public Health Service announces that statements which seem to emanate from the so-called Piorkowski Laboratories in various parts of the country, to the effect that these laboratories have been licensed by the U. S. Public Health Service are incorrect. Instead, after inspection, a license has been refused the Piorkowski Laboratories of Berlin, Germany. (Journal A. M. A., Feb. 14, 1914, p. 553).

Pyo-atoxin.—A box of Pyo-atoxin was submitted to the A. M. A. Chemical Laboratory for examination. The box contained thirty black capsules, having the appearance of some of the popular gonorrhea nostrums. While the synoym, "Pheno-Methylene-Formate," suggested that Pyo-atoxin was a definite chemical substance, the examination indicated that the powder contained in the capsules was a mixture of hexamethylenamin and methylene blue—two well-known drugs, the value and limitations of which are known to the medical profession. Pyo-atoxin is sold by H. O. Hurley, Louisville, Ky., and is said to be "An Antitoxin Agent Indicated in Gonorrhea, Cystitis, Pyelitis, and Bacteriuric Conditions." (Journal A. M. A., Feb. 14, 1914, p. 552).

Hex-a-lith.—Hex-a-lith, put out by the Smith-Dorsey Co., Lincoln, Neb., is said to be a combination of hexamethylenamin and lithium citrate. As lithium citrate has a tendency to render the urine alkaline, and since hexamethylenamin acts only in an acid medium, the constituents of this preparation are physiologically incompatible. (Journal A. M. A., Feb. 14, 1914, p. 555).

When Is a Patent Medicine? — While some physicians, and especially some medical journals, have trouble in classifying certain proprietary medicines, drug departments in department stores find the process a simple one. In recent Chicago newspapers advertisements for Fellow's Syrup of Hypophosphites Glycothymolins and Sal Hepatica look perfectly at home with Peruna, Circus Liniment and Beecham's Pills. (Journal A. M. A., Feb. 21, 1914, p. 631).

Lucile Kimball Obesity Cure.—Lucile Kimball of Chicago comes to the obese with the message "I can make your fat vanish by the gallon." All that is needed, she says, is to take her treatment—no dieting, exercise or drugs are needed. The treatment consists of pink pills, which are reported to contain red pepper, menthol and bitters, probably gentian or quassia; brown tablets, which the chemists declared to be old-fashioned cathartic pill, and a powder, reported to consist of soap, Epsom salt and washing soda. (Journal A. M. A., Feb. 21, 1914, p. 631).

Louisenbad Reduction Salt.—This is a white powder sold by Karl Landshut, Chicago, and is to be used dissolved in a bath. The A. M. A. Chemical Laboratory reported the powder to be composed of sodium sulphate, sodium chlorid and potassium chlorid. It is hardly necessary to say that taking a bath in a tubful of water in which a tablespoonful of the mixture has been dissolved would have no other effect than that obtained from bathing in the same amount of water without the mixture. (Journal A. M. A. Feb. 21, 1914, p. 632).

Effect of Tartrates.—Many of the organic acids, such as citric and acetic, are burned up in the body, giving rise to carbon dioxid and water; thus sodium citrate, for instance, acts just like sodium carbonate in the organism. On the other hand tartaric acid and its salts are for the most part not destroyed in the body and leave it in their original form, and animal experiments have shown that large doses of tartrates may give rise to symptoms of nephritis. However, while the claim made for a certain baking powder that the tartaric acid of cream of tarter in it is "wholesome" is evidently unwarranted. W. Post has shown that in the

doses in which tartrates in the form of purgative mixtures, etc., is ordinarily given, are probably without harmful effects. (Journal A. M. A., Feb. 21, 1914, p. 616).

Administration of Lecithin.—It has been shown many times that phosphorus in the form of organic compounds as it occurs in milk or in eggs, probably changes in the body to phosphate and is subsequently elaborated into lechithin. In view of this there would seem to be no physiologic or biologic reason for preferring isolated lecithin as a medicant to milk or eggs. If it is believed that lecithin is indicated, the administration of one or two row, or even cooked, yolks of eggs will supply all the lecithin that could be metabolized and presents it in a better manner than an artificial preparation. (Journal A. M. A., Feb. 21, 1914, p. 615).

Every Woman's Flesh Reducer.—This obesity treatment is sold by the Every Woman Company, Chicago, Ill., and is a white powder, smelling strongly of camphor and is of the bath powder type. Examination in the A. M. A. Chemical Laboratory indicated the powder to be a mixture of alum, Epsom salt, with an effervescing base of citric acid, and sodium bicarbonate or possibly sodium carbonate, with a small amount of camphor. (Journal A. M. A., Feb. 28, 1914, p. 714).

"Get Slim".—Jean Downs, New York, offers to reduce the obese with " a purely vegetable, pleasant, healthy drink." A box of "Get Slim" was examined in the A. M. A. Chemical Laboratory. It containel fifteen large envelopes, the same number of smaller envelopes and a package of powder. The large envelopes appeared to contain only sugar tinted pink. The contents of the smaller envelopes appeared to be tartaric acid, also tinted pink. The white powder was concluded to be sodium bicarbonate only. The sugar and tartaric acid powders are to be made into lemonade with the addition of lemon. The bicarbonate of soda is dissolved and the solution taken before meals. (Journal A. M. A., Feb. 28, 1914, p. 715).

Pam-ala — Another Worthless Quinin Substitute. — According to advertisements, Pam-ala, sold by the Pam-ala Company, New York,, is "A new and efficient Remedy for Malaria." Its general characters, particularly its cumin-like smell, and also the advertising claims, are very similar to Sinkina, a preparation which was shown to be worthless. Most of the testimonials sent out are rather old and are stated to come from physicians in Italy, Cuba, Porto Rico, Guatemala, etc. Two recent testimonials from physicians in the United States were investigated by the Council on Pharmacy and Chemistry, and in each case it was found that the opinions had been based on insufficient trials, and that the physicians on further use of Pam-ala had become convinced of its inefficiency. While the evidence indicated that the essential constituent of Pem-ala is oil of cumin, proven worthless in the investigation of Sikina, a chemical analysis was not made by the Council, because it was thought that the secrecy with which the identity of Pam-ala was surrounded and the extravagant and highly improbable claims were sufficient to condemn it. (Journal A. M. A., Feb. 28, 1914, p. 715).

Since the publication of New and Nonofficial Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R.":

Farbwerke Hoechst Co.—Amphotropin.

Fairchild Bros. & Foster.—Trypsin.

Hynson, Westcott & Co.—Phenolsulphontphthalein, H. W. & Co.; Phenolsulphonephthalein Ampoules, H. W. & Co.

H. K. Mulford Co.—Anti-Anthrax Serum, Mulford; Antistreptococcus Serum Scarlatina, Mulford; Disinfectant Krelos, Mulford; Salicylos; Staphylo-Serobacterin; Strepto-Serobacterin! Typho-Serobacterin.

Essence of Pepsin, Fairchild.—In the January issue we advised that the Council had agreed to the request of Fairchild Bros & Foster that the product ::Essence of Pepsin, Fairchild," be described in N. N. R. under the new name "Pensencia." The Council later reconsidered this action. The product is included in N. R. R., 1914, on page 110, under its old title "Essence of Pepsin, Fairchild."

CONSTITUTION and BY-LAWS

OF THE

ARKANSAS MEDICAL SOCIETY.

ARTICLE I.—NAME OF THE SOCIETY.

The name and title of this organization shall be the Arkansas Medical Society.

ARTICLE II.—PURPOSES OF THE SOCIETY.

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE IV.—COMPOSITION OF THE SOCIETY.

SECTION 1. This Society shall consist of Members, Delegates and Guests.

SEC. 2. MEMBERS. The members of this Society shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.—HOUSE OF DELEGATES.

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) the Councilors; and (3) *ex-officio,* the President and Secretary of this Society.

ARTICLE VI.—COUNCIL.

The Council shall consist of the Councilors, and the President and Secretary, *ex-officio.* Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Six Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VIII.—SESSIONS AND MEETINGS.

SECTION 1. The Society shall hold an Annual Session, during which there shall be held daily general meetings, which shall be open to all registered members and guests.

SEC. 2. The time and place for holding each annual session shall be fixed by the House of Delegates.

ARTICLE IX.—OFFICERS.

SECTION 1. The officers of this Society shall be a President, three Vice Presidents, a Secretary, a Treasurer and ten Councilors.

SEC. 2. The officers, except the Councilors, shall be elected annually. The terms of the Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first year five Councilors shall be elected annually to serve two years. All these officers shall serve until their successors are elected and installed.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of re-election.

Article XI.—Funds and Expenses.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of $2.50 per capita per annum, except on a four-fifths vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

Article XII.—Referendum.

Section 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

Article XIII.—The Seal.

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

Article XIV.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS.

Chapter I.—Membership.

Section 1. The name of a physician on the properly certified roster of members of a component society, which has paid its annual assessment, shall be *prima facie* evidence of membership in this society.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the Annual Session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

Chapter II.—Annual and Special Sessions of the Society.

Section 1. The Society shall hold an Annual Session at such time and place as has been fixed at the preceding Annual Session by the House of Delegates.

Sec. 2. Special meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

Chapter III.—General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice Presidents, and before them shall be heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

Sec 2. The General Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

CHAPTER IV.—HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet on the day before that fixed as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided for in this Constitution and By-laws shall be entitled to one delegate.

SEC. 3. A majority of the Delegates registered shall constitute a quorum.

SEC. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who is reputable and eligible has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-laws of that body.

SEC. 9. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize in each a district medical society, and all members of component county societies shall be members in such district societies.

SEC. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. The House of Delegates on the first day of the Annual Session shall select a Committee on Nominations, consisting of ten delegates, no two of whom shall be from the same Councilor District. It shall be the duty of this committee to consult with the members of the Society and to hold one or more meetings at which the best interests of the Society and of the profession of the State for the ensuing year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of three members for the office of President and of one member for each of the other offices to be filled at that Annual Session. No two candidates for President shall be named from the same county.

SEC. 2. All elections shall be by ballot, except where there is only one candidate, when election may be made by acclamation, and a majority of the votes cast shall be necessary to elect.

SEC. 3. The report of the Nominating Committee shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

SEC. 4. The election of officers shall be the second order of business of the House of

Delegates on the morning of the last day of the General Session.

Sec. 5. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years. No member shall be eligible to any office of this Society who is not in attendance at the meeting at which the election is held.

Chapter VI.—Duties of Officers.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

Sec. 2. The Vice Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice Presidents to succeed him.

Sec. 3. The Treasurer shall give bond in the sum of $1,000. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

Sec. 4. The Secretary shall give bond in the sum of $1,000; he shall attend the General Meeting of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same and turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

Sec. 5. The Council shall have authority to accept or reject all bonds.

Chapter VII.—Council.

Section 1. The Council shall meet on the day preceding the Annual Session and daily during the Session and at such other times as necessity may require, subject to the call of the chairman or on a petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline the work for the ensuing year. It shall elect a Chairman and a Clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its Chairman, make an annual written report to the House of Delegates.

Sec. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual written report of his work, and of the condition of the profession of each county in his district at the annual

session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expenses in attending the Annual Session of the Society.

SEC. 3. The Council shall be the Board of Censors of the Society. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or of the Treasurer, the Council shall fill the vacancy until the next annual election.

SEC. 6. In case of a vacancy in the office of Delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as Delegate, with full right to perform all the duties of that office.

CHAPTER VIII.—COMMITTEES.

SECTION 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Arrangement.

Such committees shall be appointed by the President unless otherwise provided.

SEC. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers and discussions shall be presented.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, State and national affairs and elections.

SEC. 4. The Committee of Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

CHAPTER IX.—COUNTY SOCIETIES.

SECTION 1. All county societies now in affiliation with this Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and

By-laws, shall, on application, receive a charter from and become a component part of this Society.

Sec. 2. As rapidly as can be done after the adoption of this Constitution and By-laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

Sec. 3. Charters shall be isued only on approval of the Council, and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-laws.

Sec. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Council for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is a graduate of a reputable medical college and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

Sec. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 8. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

Sec. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

Sec. 10. Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 11. At some meeting in advance of the Annual Session of this Society, each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members, and one for each major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Society at least ten days before the Annual Session.

Sec. 12. The Secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in his State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

Sec. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society on January 1, and not later than March 1 of each year.

Sec. 14. Any county society which fails to pay its assessment, or make the report required, on or before March 1, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

Chapter X.—Miscellaneous.

Section 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak longer than five minutes nor more than once on any subject, except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-laws.

Sec. 4. The Principles of Medical Ethics promulgated by the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

Chapter XI.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

THE BOOSTER CLUB.

A movement is on foot to effect a permanent organization of the secretaries of county medical societies. A meeting has been called by the Union County Medical Society for the second day of the El Dorado meeting of the State Society. This organization will mean a better county secretary; a better County Medical Society; a better State Society.

County Societies.

JEFFERSON COUNTY.

(Reported by J. T. Palmer, Secy.-Treas.)

Pine Bluff, Ark., March 4.—The Jefferson County Medical Society met in regular session at the Secretary's office on the evening of March 3, with a good attendance. Members present as follows:

Drs. Jordan, Doss, Woodul, McMullen, John, Breathwit, Stewart, Spillyard, Crump, Luck, Lowe and Palmer. Dr. Fly, who is now in Jefferson county in behalf of the hook worm sufferers, was in attendance and exhibited some very interesting specimens of the worm and its ova.

An interesting paper was read by Dr. E. C. McMullen on "Leucocytosis," and many good points were drawn out regarding both the diagnostic and prognostic significence.

Dr. B. D. Luck read a good paper on "Abdominal Cesarean Section," with report of a case. Some valuable and interesting discussion followed.

A motion was introduced by Dr. A. C. Jordan that our next regular meeting be set apart for business purposes only. Carried.

The following resolution was offered:

"RESOLVED, That disobedience of resolution governing Insurance Examination Fees, carry the penalties of censure, suspension, or expulsion, in keeping with the date of membership."

CARROLL COUNTY.

(Reported by Dr. R. H. Huntington, Secy.)

Eureka Springs. — The Carroll County Medcal Society met in this city in the offices of Dr. Huntington, Jan 2, 1914.

Members present: W. A. George, F. R. Morrow, E. E. Poynor, J. F. John, W. D. Ezell, R. G. Floyd, R. H. Huntington.

Scientific program was as follows:

"Estivo Autumnal Fever," by Dr. W. D. Ezell.

Election of officers for 1914.

President, Dr. W. D. Ezell; vice-president, Dr. E. E. Poyner; secretary and treasurer, Dr. R. H. Huntington.

The next meeting will be in Green Forest during the first week in April.

MONTGOMERY COUNTY.

(Reported by Dr. L. S. Kennedy, Secy.)

Mt. Ida.—The Montgomery County Medical Society met in regular session in the city on Tuesday, Feb. 10. Members present: W. D. Freeman, Mt. Ida; E. A. Baggett, Womble; J. D. Robbins, Oden; I. N. Freeman, Mt. Ida; J. H. Murphy, Mimosa; J. B. Stueart, Womble; J. H. Cole, Liberty; L. S. Kennedy, Mt. Ida.

Dr. A. S. Logan, county judge of Montgomery County, was present and was made an honary member of the society.

The subjects of fees and collection of bills were the leading topics for discussion. A resolution organizing the society into a collecting agency was unanimously adopted and five hundred copies of the resolution ordered printed on cards for the convenience of the members.

The society meets in Mt. Ida on the second Tuesday in the month.

FRANKLIN COUNTY.

President: Dr. T. R. Blakely.

Vice-President: Dr. G. D. Warren.

Secretary: Dr. Thomas Douglas.

Motto for this year: A meeting every month without fail.

Every practicing physician in the county should be a member. Every member of the county society is also a member of the Arkansas Medical Society and of the American Medical Association—the largest medical association in the world. Keep up your connection with organized medicine, whether you can attend the meetings or not. Attend as many meetings during the year as you can. No man can make anybody believe he had done his best if he fails to attend at least once during the year. We intend to make every meeting well worth your while. Our president, Dr. Blakely, started the year with enthusiasm. Let us all give him cordial, earnest support. Let every member get busy on a paper or case report and be ready at a moment's notice to contribute to the interest and profit of the meeting.

Program for next meeting:

"Finance," Dr. Harrod.

"Case Report," Dr. Wear.

"Surgery," Dr. Houston.

"Drug Report,' Dr. Blakely.

Married.

CHESNUTT-CHRISTY.—In St. Louis, Mo., on Tuesday, February 24, Dr. Chas. R. Chesnutt of Little Rock and Miss Helen J. Christy of St. Louis.

Book Reviews.

Materia Medica, Pharmacology, Therapeutics and Prescription Writing.—For students and practitioners. By Walter A. Bastedo, Ph. G., M. D., associate in pharmacology and therapeutics at Columbia University. Octavo of 602 pages, illustrated. Philadelphia. W. B. Saunders Company, 1913. Cloth, $3.50 net.

For the most part, this book is an adaptation of lectures delivered at Columbia University.

The author emphasizes the value of research, both in the laboratory and at the bedside, and to point out any discrepancy between the value of a remedy as established by research and its supposed value in therapeutics.

He has given place to many remedies which he does not recommend, but makes mention of them only to condemn. The author discusses digitalis at greater length than other drugs, both because of its importance as a drug and because of the recent great changes in our knowledge of cardiac physiology and therapeutics.

Part III is devoted to prescription writing. In this chapter the author has adopted an excellent method for students to learn; and to avoid confusion he has omitted other methods, without any intention of implying that they are inferior.

Pathology, General and Special.—A manual for students and practitioners. By John Stenhouse, M. A., B. Sc. (Edin.), M. B. (Tor.), formerly demonstrator of pathology, University of Toronto, Toronto, Canada. Second edition, revised and enlarged; including selected list of State Board Examination Questions. 12 mo, 278 pages, illustrated. Cloth, $1.00 net. Lea & Febiger, publishers, Philadelphia and New York, 1913.

This little book is not intended as a means of escape from wider or deeper reading, but an incentive and trustworthy guide to it. Stenhouse's Epitone of Pathology is unusual in the excellence of its text, illustrations and arrangements, and the questions at the end of each chapter will be found a strong mental stimulus, for they bring out in bold relief the important points throughout the volume.

Note.—Additional book reviews on page 248.

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Original Articles.

BONE SURGERY WITH REPORT OF CASES.*

By W. F. Smith, M. D.,
Division Surgeon, St. L., I. M. & S. Railroad,
Little Rock

The cases mentioned and the patients presented are ones, with one exception, showing

Fig. 1.—Fracture of tibia and fibula (before operation).

the results from the use of Lane's plates. There is quite a difference of opinion as to the value of the use of these plates in the treatment of fractures. At the outset I wish to state that I do not advocate the indiscriminate use of these plates in the treatment of closed fractures, but think they should be used only in selected cases where it is impossible to hold the fractured ends of the bones in apposition by the use of ordinary splints or dressings. I have, with but one exception, removed the plates before the patient left the hospital.

In the treatment of fractures I think there are two considerations that should be borne in mind: First, an endeavor should be made to restore the function; and secondly, the contour. If after the examination it is found

Fig. 2.—Fracture of tibia and fibula, with Lane plate applied. Same as Fig. 1.

*Read in the Section on Surgery of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May. 20-23, 1913.

that the fractured bones cannot be reduced by manipulation and traction, or, if after having been reduced, cannot be held in position with suitable splints, then an operation is indicated. If the surroundings are such that an immediate operation is not advisable, the operation should be deferred a week or ten days. If not operated upon immediately after the injury, the soft parts being freshly lacerated, the lymphatics are overworked removing the dead material. When the injury is of sufficient force to break the bone the

Fig. 3.—Fracture of olecranon. Nine months after injury, Lane plate applied.

tissue will be so severely injured there will be considerable effusion from irritation, and the resisting power lowered; when a possible infection would be more liable on account of the clotted blood in the tissues and the coagulable lymph which is effused throughout the injured area. This unfavorable condition persists for about a week. During the second week after injury the injured tissues have recovered tone. Much of the extravasated blood has been absorbed, and the lymphatic system is no longer congested, and the ends of the broken bones have commenced a preparatory process of repair.

The preparation of the field of operation is of great importance. More care should be taken in an effort to sterilize this field than is necessary for an abdominal operation, as there is no peritoneum to help take care of the possible infection. The incision should be one that will give plenty of room for complete exposure of the fracture. The ends of the bones having been thoroughly exposed, all blood clots and intervening material should be removed.

There is no doubt but that a Lane plate, accurately applied, forms a very good apposition of the fractured ends, and when there is no infection, the results are ideal. One thing must be borne in mind, and that is this: That newly fractured bones offer a fertile field for infection, and we all know that infection in a compound fracture is a very serious thing, and also that a simple fracture wherein a Lane splint has been used is, to all intents and purposes, a compound fracture.

Lane has worked out a most careful and elaborate system and technic for his operations. He has especially devised instruments and bone forceps with long handles so that nothing except thoroughly sterilized instruments are introduced into the wound. I do not think that it is probable that every one will attain this degree of efficiency, but we can be sure that we have absolutely sterilized instruments and should endeavor in these

Fig. 4.—Fracture of olecranon. Nine months after injury. Same as Fig. 3.

cases to reduce the danger of infection to a minimum.

As stated before, I do not mean to infer that Lane's splints should be applied indiscriminately to every fracture, because many times the function and contour may both be restored by simpler means; but I think that in every fracture where there is marked dis-

Fig. 5.—Fracture of tibia (before operation.)

placement, such as would follow an oblique fracture of the tibia or humerus, or any of the long bones of the extremities, that with proper care and caution the Lane splint should be put on. I think this should be done after an *x*-ray examination has revealed the condition. Thus, knowing exactly what to look for, materially facilitates the work. If the plate has been applied I think an *x*-ray picture should be made to see if the adjustment has been properly made. It has been my practice that after the plate has been applied, to either put the limb in a basket splint, or apply practically the same dressings to the fracture as I would have done had I not put the plate on.

I do not believe in putting plaster casts on these cases at once; I also believe in early passive motion. A little over a year ago I assisted in putting a Lane's plate on a broken femur where the injury had been followed by a nonunion. The accident had occurred some three or four months previous. A large callous had been thrown out at the ends of the fragments. The ends of each fragment were sawed off squarely with a Gigli saw, and the ends brought in apposition and a long plate applied. The ends of the bones knitted together, and the only deformity was between one and two inches shortening of the leg. Following is a report of some of the cases treated during the last year:

Case No. 1 (M).—This patient had been thrown out of a wagon in a run-away and sustained a compound fracture of the left leg about four inches above the ankle. The tibia made one opening, and the fibula another through the skin. These wounds were thoroughly cleansed, and an incision made over the shaft of the tibia and a plate applied. The wounds were closed with the exception of the wound made by the fibula into which a small drain was placed. This drain remained in place for two days, when it was removed and none put back. This patient was fifty-six years old, and, aside from the length of time required, his recovery was uneventful.

Case No. 2 (L).—In November, 1912, this patient sustained an oblique fracture of the tibia and fibula about three inches above the

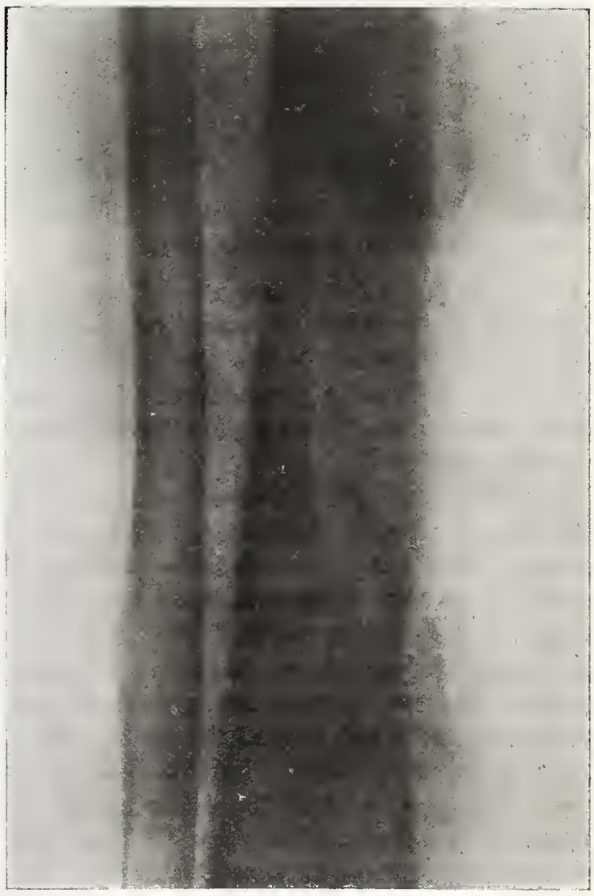

Fig. 6.—Fracture of tibia, after removal of Lane plate. Same as Fig. 5.

ankle. There was, of course, considerable displacement and some shortening. It was impossible to reduce this fracture and keep it in place by ordinary splints, so an incision was made extending about two inches above and below the site of the fracture, and with bone clamps the fragments were brought into perfect apposition and the Lane's plate applied. The function and contour were both restored in this case.

Fig. 7.—Resection of tubercular elbow joint.

Case No. 3 (Figs. 1 and 2).—This patient sustained a fracture of both the tibia and fibula at the junction of the lower and middle third. There was a great deal of displacement. The plate was applied and complete recovery followed.

Case No. 4 (Figs. 3 and 4).—In July this patient sustained a fracture of the left olecranon. An *x*-ray examination showed the olecranon to have a longitudinal fracture dividing it into three parts. Ten days after the injury the plate was applied in such a manner that the screws engaged the broken fragments and they united firmly as did the olecranon with the ulna. In this case passive motion was used almost from the start. The plate still remains on the bone. There was a complete restoration of function of this joint.

Case No. 5 (S).—In April, 1912, this patient sustained a comminuted fracture of the right femur of the middle third. There was between four and five inches shortening when I first saw this patient, which was about ten days or two weeks after the accident happened. It seemed impossible to get the ends of the fragments into apposition, so I decided to apply a Lane's splint. An incision was made on the external aspect of the thigh over the site of the fracture. The comminuted portion of the bone was removed and the splint applied with the ends of the bones in fair apposition. The bone drill I was using did not work very well, and in trying to insert the screws, a couple of them were twisted off, the broken fragments remaining in the bone. This plate was left on seven weeks. A firm union had taken place, but there still remained a small sinus that refused to heal. During this time, and afterward, several small spicula of bone worked out. When the plate was removed it was seen that a very large callous had been thrown out. The patient was now walking around, and the injured leg was the same length as its fellow. The sinus continued to discharge. But, in spite of the result not being what was ex-

Fig. 8.—Comminuted fracture of radius and fracture of ulna (before operation).

pected, I think the patient is in much better shape than he would have been had the splint not been applied, because with the amount of shortening that there was, I cannot conceive how any bony union could have taken place.

Case No. 6 (B).—In March this patient sustained a fracture of the tibia and fibula. The tibia was slightly comminuted. This plate was allowed to remain on four weeks, when it was removed.

Case No. 7 (Figs. 5 and 6).—In May this patient sustained a jagged, irregular fracture of the tibia. The plate was applied, bringing the ends of the bones into perfect apposition.

Case No. 8 (Fig. 7).—In February this patient had a tubercular infection of the lower portions of the humerus. The articulating surfaces of the olecranon and head of the radius were infected. Between four and five inches of the lower portion of the humerus was removed and the articulating surfaces of the olecranon and radius resected. There were many discharging sinuses at the time of the operation. The patient was given tuberculin in increasing doses. At present there is practically no discharge. The patient can flex and extend the forearm to a limited degree. He has perfect use of the hand.

Fig. 9.—Comminuted fracture of radius and fracture of ulna, with Lane plate applied. Same as Fig. 8.

Case No. 9 (Figs. 8 and 9).—Comminuted fracture of the lower end of the radius and fracture of ulna.

Case No. 10 (Fig. 10).—This patient sustained a compound comminuted fracture of tibia and compound fracture of fibula. A satisfactory recovery followed.

Fig. 10.—Compound comminuted fracture of tibia and compound fracture of fibula, with Lane plate applied.

BONE TRANSPLANTATION.

The treatment of acute and chronic osteomyelitis of the phalanges by bone transplant and the methods that have been employed or suggested are taken up by S. L. Haas, San Francisco (Journal A. M. A., April 11), who reproduces in brief the accounts of previously reported cases and two of his own. In each of these a transplant from the tibia with its periosteum attached was used after removal of the diseased bone with the necessary amount of the healthy bone and the involved tendon sheaths. In one case, while the cosmetic result was good, owing to the limited amount of flexion, a good functional result was not obtained. In the second case, apart from a slight bend, the finger appears almost normal and flexion and extension are nearly perfect. One of the most striking facts is the inactive part that the transplant seems to take in the regeneration as compared with the remaining portion of the preexisting periosteum. As regards the preferable method, he thinks the removal of the whole phalanx and substitution of another is much more formidable than a partial resection. The question of the transplant ability of the epiphysis arises, but if it should be destroyed, it might be advisable to try a whole phalangeal transplantation, especially in case of tumors showing evidences of malignancy.

DEFECTIVE CHILDREN.*

By E. P. Bledsoe, M. D.
Little Rock.

The subject of defective children covers so much ground and is of such vast economic and sociologic importance that I can only hope in this brief paper to call your attention to some of the most important features of this subject.

Both the public and the individual turn naturally to the physician for the solution of the great problems of sanitation and hygiene. It is to him that they must come for guidance in the solution of this, the greatest of all economic problems, the conservation of the child.

In dealing with this subject, I shall not attempt to take up the causes or classification of mental defectives, but wish to call your attention to the most practical phase of the question, and the one which touches us most closely—the question of subnormal children in our public schools. As you know, there are many grades of defective children, ranging from the low grade imbecile and Morons, and those who require institutional care, to the merely retarded child, whose retardation has passed unobserved through lack of proper examination. The question of the state care and instruction of the first named group is an important one; but of vastly more importance, to my mind, is the subject of the merely backward child; for it is in the recognition and proper treatment of this group that we are able to accomplish such wonderful results.

The most authoritative statistics on the subject of retarded children in our public schools comes from the investigation working on the Russell Sage Foundation. They have made careful research into the schools of 31 cities in America, and their published results are astounding. On the average, one-third of all children in our city schools are retarded. In the 31 cities, taken as a whole, 33.7 per cent of the children are above normal age for their grades. "A study of the records of 206,495 school children," says the same writer, "shows that 37 per cent are retarded, 13 per cent of these cases being caused by late entrance, 17 per cent by slow progress and 7 per cent by both causes combined." From these figures some conception of the enormity of the problem may be gained.

The neglect of the state to make adequate provision for the segregation of the feeble-minded has thrown some of the burden of their education on the public school. In these the mentally defective are taught in the same classes with the normal children and their defects are unrecognized, the parents and teachers simply classing them as stupid.

Wherever attempts have been made to recognize and treat this group, the investigators have been surprised at the number. The superintendent of one of the schools in Baltimore said: "In taking a census of the children, after the worst types are excluded, we were surprised to find that we had 83 in the school; these children being not only backward, but actually feeble-minded and only capable of being taught simple manual work."

I could, if the time and space permitted, quote astonishing statistics to show how full are our public schools of mental defectives; but what I wish to impress on your minds is the fact that it is this class of children, not necessarily the feeble-minded, but the child just a little below the normal standard, in whom the potentialities of nervous and mental diseases lurk. It is a short step from simple retardation to actual defectiveness. Many a child who is classed as simply stupid by his teacher, is suffering from an insurmountable obstacle, a retarded mental development. He struggles along for a while, classed with children of normal minds, but he soon becomes discouraged and falls behind—the pace is too fast for his slower mental processes. As a result he becomes nervous and irritable, develops violent fits of temper and is finally sent from school with the reputation of being an incorrigible, to land finally in a reformatory or prison as a care and expense to the state. The work of Binet and Simon has placed a method in our hands whereby we are able to diagnose and classify practically all grades of defective children. The Binet-Simon measuring scale for intelligence has been modified by several investigators in this country, particularly Dr. Goddard of the Vineland Training School of New Jersey, and its practical value as a diagnostic measure fully proven. Dr Goddard says: "Experience with these tests has continually assured us not only as to their value, but as to their amazing accuracy." Their importance as a means of understanding the mental develop-

*Read in the Section on Diseases of Children of the Thirty-seventh Annual Session of the Arkansas Medical Society, held in Little Rock, May 20-23, 1913.

ment of children is beyond question, and we confidently believe that the time will come when every child in school will be occasionally examined by some such method, with a view of determining his actual mental development and consequently what can be expected of him. This is not only for the purpose of segregating and giving special treatment to those who are backward or feeble-minded, but that we may know those who are especially well endowed and those who have average intelligence, so that each may receive instruction that his condition requires. The Binet-Simon test as modified by Goddard and used by him, consists of a series of simple mental tests, arranged for ages from three to fifteen. These tests have all been carefully worked out in the psychological laboratory and their value fully verified. The apparatus used is very simple, and can be carried in a small pocket case. A normal child, say of five years, should be able to perform all the tests (five in number) required for that age. A slightly backward child may be able to perform only half, though he may answer correctly all the questions for the age of four. If such is the case the child is only four and a half years old mentally and slightly backward. Again a child aged six may test out only three mentally and be badly retarded. In the hands of an expert this method is marvelously accurate, and fine shades of mental development or non-development may be recognized.

The value of this method is easily recognized. The fallacy of herding children together in classes based largely according to age, is easily recognized. A backward child, when taken out of a grade in which he is a hopeless laggard, owing to his mental retardation, makes wonderful progress when placed in a special or ungraded class, where his instruction is commensurate with his mental capacity. This is true, not only of the simply backward child, but applies equally well to the actually feeble-minded, who, even though he may be hopelessly retarded, can acquire sufficient instruction along certain lines to make him a fairly useful citizen.

And now let me briefly call your attention to some of the methods of solution of this problem.

First. Proper school inspection. The physician in charge of the public schools should be not necessarily a phychologist, but should at least have some knowledge of modern methods of child study. As a matter of fact, the salary of a trained psychologist in connection with the public school system of all first class cities would be easily saved in a few years in the lowering of the percentage of feeble-minded or criminals who become a care to the state.

Second. The establishing of ungraded classes, and proper instruction for backward children in our public schools. This includes, of course, the proper equipment, and would require the services of an expert teacher.

Third. The foundation of a psychologic clinic, in charge of a trained psychologist, who should have sufficient office force to keep all records, etc. He should have associated with him one or more trained social workers, who by following these cases into their homes, would be able to gather much valuable material, as well as do much practical good. The function of this clinic should be to make a careful examination of all children, report both physical and mental conditions, and procure proper treatment of all physical defects by trained consultants, and the grading and classification of backward children, with proper instruction of both teachers and patients.

Such an institution could be easily established and carried on under the auspices of some of the numerous charities in our large cities, or in connection with the city dispensaries. The results obtained would no doubt go far toward solving some of the numerous problems which confront us in the study of mental defectives.

DISCUSSION.

Dr. Wilson (Paragould): This morning I visited the school for mental defectives in this city, which is a part of the public school system. I found it very interesting watching the manner in which they are taught. These children are not taken there until they have passed three years in the same grade. We found children ten, eleven and twelve years of age filling the usual eighth year grades. We found young girls in their teens just beginning to do needle work, who were not able to do anything in that line a few weeks ago. It seems to me that Little Rock is to be congratulated upon this very important improvement in her public school system.

Dr. Brooks extends an invitation to the doctors of this society to visit the school for mental defectives in the City Park, and she will be very glad to see anyone who wishes to come out and investigate the work.

Dr. Thibault (Scott): I would like to offer one suggestion. I have noticed that these mentally defective children are prone to form very strong attachments for the brighter children of the school. I have tried this in two instances in our district where the backward child had formed a very strong attachment for a schoolmate who was mentally superior, and I followed out the plan of having the brighter child take the defective one around the yard or out in the woods, and assist in preparing the les-

sons. I have found that the defective child will learn faster and will be improved in every way, by pursuing the plan of Dr. Brooks of educating them according to their capacity and encouraging them to take an interest in their work. It has produced a marvelous improvement in the child that has been backward in the school without any apparent interest in his studies. One little boy that was backward was taught the alphabet by a companion, and later to read fairly well without the ordinary hard routine pursued in the classes. In some cases this method has wrought a wonderful change for the better. Only those who are familiar with the situation and have had experience in the examination of these defective children can realize the problems we have to deal with in the public school. Out in the country the teacher is inclined to be a decided autocrat and the School Board is usually composed of uneducated farmers, who take no interest in the management of the school beyond administering the finances and keeping up the school grounds. It is the hardest thing in the world to bring out popular sentiment, to get everybody to exercise their rights as citizens and bring their individual influence to bear upon any particular movement looking to a reform in the method of teaching the young. We ought to have the co-operation of every parent in the effort to secure better sanitation, better paid teachers and a course of study based upon the capacity of the child to be taught, and not by any arbitrary standard.

Dr. Bledsoe: I hope that a number of the gentlemen present will take advantage of Dr. Brooks' invitation to visit the school, in order that they may see what can be done for the child that is taken out of the class in which they are not able to keep abreast, and placed in a more favorable environment.

It is a travesty on our civilization that our common schools are practically without any system of inspection. Those who have investigated the matter say that the percentage of defectives is as high in the country as it is in the city and in towns of the first class. As Dr. Thibault has shown, there is a crying need for special teachers to handle these children and grade them according to their physical and mental capacity, and to take care of them with due regard to their especial needs.

Our public school system is practically without any safeguards or efficient supervision, and it is easy to estimate the enormous amount of good work that can be done in this direction if the physicians all over the state will interest themselves in this vitally important matter and endeavor to educate the laity, and emphasize the fact that their children are stupid because they are not handled right. They are backward because the proper assistance has not been rendered. The apparently hopelessly dull children will usually make marvelous progress in just a little time when they receive proper instruction. These so-called feeble-minded children, when subjected to judicious training, will improve rapidly, and those who seemed hopelessly retarded and well-nigh insane very often can be taught to care for themselves and do manual work of a simple kind, and may be exceedingly useful members of society.

The saving to the state in a financial way by the inauguration of a better system of school sanitation and inspection would be enormous. It would save many times the salaries of the additional assistants. I want to tell you that the initiative has to come from the people. As soon as our profession begins to realize the importance of the subject and will set about acquainting the laity with the tremendous amount of good that may be done, then we shall see results. Until then we shall not be able to accomplish anything worth while.

GOOD ROADS PREVENT DISEASE.

Few persons, on first thought, would see any possible connection between good roads and good health. Yet the State Board of Health of Kansas says that good roads can and will prevent disease. How? By the removal of weeds and trash. Weeds and trash prevent the prompt evaporation of moisture and promote retention of ground water. This makes ideal breeding spots for mosquitoes, flies and other insects, which are known as disease carriers, not to mention chinch bugs, hoppers and other insects which are crop damagers. Furthermore, an undergrowth of weeds invites the dumping of garbage and manure by offering concealment, of which fact careless and thoughtless people are prone to take advantage, thus increasing the facility of insect breeding and providing these insect carriers with proper material for disease transmission. Good roads also prevent disease by providing good drainage. Many farms have no means of drainage except by ditches along roadways. Open ditches, clear of brush and debris, with hardened surface and proper fall, afford these farms the opportunity of ridding themselves of many a stagnant pool. The removal of weeds, proper road grading, surface hardening and oiling, insures prompt drainage of all pool, ditch and surface water, removing the possibility of insect breeders, for none can multiply without moisture. Road oiling in itself is destructive of insect larvae, especially mosquitoes—a well-known fact. Dry roads offer pedestrians, and notably children who are compelled to walk to and from school, dry shoes and feet. While colds are due to specific germs, yet it is a well-known fact that cold, wet feet and chilled limbs lower the resistance of individuals and make them more favorable subjects for infections of the respiratory passages, including pneumonia and tuberculosis. Good roads prevent disease by setting an example to adjoining farm premises. Good roads promote travel and set an example to the farmer whose premises are bordered by them. The comparison of a well-graded, clean highway with an unkempt and trashy barnyard adjoining is sufficient to stimulate every landowner to a clean-up. Pride compels him to offer to passersby a neat-appearing and attractive house and barnyard. Results are only too obvious. Good roads are active disease prevention agencies, aside from their financial and commercial value.

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DR. WILLIAM R. BATHURST, Editor.

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Editorials.

JOURNAL IMPROVEMENT.

With our March issue we began certain improvements in the appearance and make-up which cannot fail to be noted and appreciated alike by our readers and advertisers. The outside cover is of heavier paper and every copy will hereafter be mailed in a separate envelope.

But, while the cover is an improvement, it is only an index of further improvement inside. In the reading matter we are publishing abstracts of the leading articles in The Journal of the American Medical Association. Not many of our readers subscribe to The Journal of the national body in addition to their home society journal, and we want to give them the trend of the best medical thought of the day. We feel sure our readers will like and appreciate these improvements, and we trust that The Journal will continue to meet with their approval in an increasing degree.

We are not going to stop with the improvements noted. By the assistance of the Co-operative Medical Advertising Bureau of the A. M. A. we have been able to secure a number of new advertisements. As you are aware, the advertising end of any publication is as the blood to the body. It pays the printer. We are not going to slight the reading matter to make room for more advertising; therefore, the more "ads" the more pages.

Our readers can be of invaluable assistance. The Journal is the organ and property of the Arkansas Medical Society. It is to the interest of every member to see it prosper. Advertisers want to see results or they will stop advertising. If they get results from The Journal without knowing it, so far as we are concerned, it is just the same as if they got no results.

Let us make this clear.

Dr. Blank orders a certain article from a Journal advertiser. If he fails to state where he saw the "ad," the maker has no means of telling that The Journal got him a new customer. He just takes the order in the ordinary course of business and makes no inquiry as to the source.

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Will you not help The Journal in this way and so enable the editor to keep on making it larger, better and more valuable?

PROGRAM FOR THE ANNUAL MEETING.

In this issue of The Journal will be found the provisional program for the annual meeting at El Dorado. This is not complete, as the titles of some papers have not yet been reported.

In general excellence of papers it is believed this meeting will, at least, equal any held in the history of the society. A number of members of the society, of learning and prominence, have contributed able papers and other papers will be read by some distinguished guests from other states.

Every physician in Arkansas should attend the annual meeting unless it is absolutely impossible to do so. If necessary, in order to go, he should make some personal sacrifice of his time, money, even of his inclination,

perhaps. The society desires to keep up its good record. It is doing things and intends to keep doing things. It has secured a Medical Practice Act, a State Medical Examining Board, a State Medical School, and recently a State Board of Health, with authority, at least, if not with as much money as could be well spent. The value of the work of the State Board of Health with the cooperation of local boards has been frequently demonstrated recently in the control, in various parts of the state, of outbreaks of smallpox and spinal meningitis.

THE ANNUAL MEETING IS THE BAROMETER OF THE SOCIETY. A POOR ATTENDANCE AND INDIFFERENT PROGRAMS ARE EVIDENCES OF LACK OF INTEREST WHICH AUGURS ILL FOR THE SOCIETY, WHILE A GOOD PROGRAM WITH LARGE ATTENDANCE AND ACTIVE PARTICIPATION IN THE DISCUSSIONS SHOWS THAT SPIRIT WHICH MEANS EVER A LARGER AND BETTER SOCIETY.

The discussions of papers form one of the most helpful factors of the meeting. Interchange of ideas, knowledge and experiences is always of benefit to all concerned. For that reason we urge some preparation by members in advance of the meeting. The best of us find it difficult to intelligently discuss, at a moment's notice, a proposition not wholly familiar to us. The man who has prepared a paper has spent many hours of thought, study and research on the subject, and whether one desires to endorse or oppose, or add to or take from, he should at least be partly prepared.

It is possible a paper may go against precedent and custom. If medical thought did not sometimes oppose precedent, progress would stop. Therefore, you must have something beside precedent in theory to advance. Therefore, we urge our readers to study the program as far as complete, and study the subjects on which you may wish to take part in the discussion.

The complete program will be published in next month's Journal, and therefore it is necessary that titles of all papers must reach us by May 1 at the latest.

A FITTING REJOINDER.

The statements of Life on medical and public health questions are usually so distorted and radically misleading that the average reader does not take its utterances seriously. The Boston Herald, however, recently replied to one of Life's characteristic insinuations in words which are worth quoting. Life said:

"THE MEANEST CRIME.

"The assassin who shoots you in the back does a cowardly thing. But he does it frankly as an enemy, and he takes chances of punishment. He knows there are legal penalties for that kind of murder.

"But when a doctor in a hospital tries his latest 'discovery'—a surgical trick, or the injection of a fatal disease into a confiding patient—he does it, not openly as an enemy, but pretending to be a friend. Unlike the assassin who shoots you in the back, he has no fears of punishment. He is doubly safe, because he selects his victims among the poor, the sick, the helpless.

"Such victims, always the weak and friendless, whose only hope is in health and strength, are indeed fortunate if they escape with no more diseases than when they entered.

"No law protects them.

"There is no punishment for this meanest of crimes."

To this the Boston Herald replied:

"Is there anything more cowardly than lying insinuations against a set of men and women who devote their lives, and often sacrifice them, to alleviate suffering?

"Is there anything more contemptible than the back-handed thrust of generality to conceal the falsity of what admits of no proof?

"Is there anything more unworthy of a paper that lays claim to being a force for good than to sow the seeds of malicious untruth?

"No law prevents this form of slander.

"There is no punishment for this meanest of journalistic crimes."

THE HAT-PIN MENACE.

Everyone knows that a hat-pin point protruding several inches beyond the brim of a woman's hat is a source of danger to anyone in close proximity to the wearer of the pin. Probably no one sees the more serious consequences so frequently as the eye specialist. Sometimes the injury consists of a mere scratch, which heals readily and leaves no permanent defect. On the other hand, every now and then the scratch becomes infected and serious impairment of sight, if not actual loss of eye, results. One who has seen these bad results is forever alarmed for himself and others when he sees a protruding

hat-pin point in a crowded car, passenger elevator, theater lobby, or wherever people are closely crowded together. It ought not to be necessary to pass laws to prevent such accidents, but as the number of such cases does not decrease, it would seem to be desirable to make the wearing of shorter hat-pins obligatory. There are devices on the market for covering and protecting the end of a hat-pin which are effective and inexpensive. Any jeweler can shorten a long hat-pin in a few minutes and at a cost of a few cents, and thereby, perhaps, save a fellow-being's eye.

THE WATER SUPPLY OF RURAL COMMUNITIES.

The responsibility for diseases due to polluted water is so often put on the water supplies of our large cities that the conditions in American rural districts are usually thought of, if not actually pictured in the public mind, as almost ideal. Naturally enough, farms which are remote from areas of congested population seem to be ideally situated for obtaining wholesome water. In reality, however, deplorably insanitary conditions as regards the farm water supplies prevail widely, if we may believe state and national government reports.

A large proportion of farm water supply in the less hilly portions of the country where springs are not abundant comes from shallow wells, which are particularly subject to contamination. Deep wells are safer, but are not entirely free from danger of pollution. The chemist of the Canada experimental farms, Dr. Frank T. Shutt, concludes from an examination of several thousand samples of water used on farm homesteads in Canada that "probably not more than one-third of them are pure and wholesome." Investigations made by the Bureau of Plant Industry, in co-operation with the Minnesota State Board of Health, showed that of seventy-nine carefully selected and typical farm water supplies in Minnesota, mainly well waters, twenty were good and fifty-nine were polluted, usually because of careless or ignorant management, and generally as a result of poor location or lack of protection against surface wash or infiltration. The rivers, surface reservoirs and cisterns investigated were found to be polluted to such an extent that it is doubtful whether satisfactory supplies can be secured for household use from such sources. In an examination of the rural water supplies in Indiana it has been found that of the private rural water supplies examined, 177 were deep wells, 411 shallow wells, five ponds, forty springs, and twenty-seven cisterns. One hundred and sixteen of the deep-well waters were of a good quality, forty-five were bad and sixteen doubtful. But 159 of the 411 shallow-well waters could be used, 209 were unequivocally bad, and forty-three were of doubtful quality. A large percentage of the waters used by the families in which typhoid fever had occurred was unequivocally bad.

With the development of the country, the growth of the population and the greater congestion in living centers, the danger of pollution of naturel water supplies is vastly increased. Even wells can be improved and rendered less subject to pollution if proper methods of driving them deeper are employed. The best safeguard, according to The Journal of the American Medical Association, is the education of the public to the underlying facts of contamination so that by the application of common sense the sources of danger can be avoided by property-holders and others.

A FOOD CLINIC.

At the Congress on School Hygiene, held in Buffalo in August, Dr. Walter M. Roach, district supervisor of school medical inspectors in Philadelphia, reported the results obtained among children of ages from six to fourteen years after the establishment of a food clinic in certain schools in his district. Many of the children were found to be coming to school with insufficient or no breakfasts. The children were fed for a period of four weeks in the spring of 1913 at the morning recess period with some form of cereal and milk, the form of cereal being changed daily. In all, 113 children were fed in this manner. In a group of fifty, who were carefully weighed, measured and physically examined before the beginning of the feeding and afterward, it was found that there was an aggregate gain of over 252 pounds. But the increase in weight from a given amount of food in the time mentioned was not the chief advantage gained. Some of the children gained little or nothing in weight, but it was found that they all improved in color, increased in hemoglobin percentage, increased in spirits and activity, and were less nervous and irritable. They were able to study better and their work progress-

ively increased in effectiveness, which was demonstrated by their grades. The average grades for the whole school, 350 pupils, in-ings, increased in spelling from 76.4 to 82.3, and in arithmetic from 69 to 72. For the same period the averages of the pupils of the second grade attending the clinics increased from 71 to 87 in spelling, and from 59.6 to 71.3 in arithmetic. In the third and fourth grades, as also in the special classes for retarded pupils, the improvements were equally notable. Aside from the demonstration in figures of the effect of adequate nourishment on the work of the pupils, another interesting deduction is made in the report. The per capita cost of education in the public schools in Philadelphia exclusive of permanent improvement is $36.59 per child per year. If the child fails to make its grades, it is a fair deduction that the $36.59 has been an economic loss, and whatever may be thought of the proposition of the school authorities going into the business of feeding the children in the schools, the author of the report feels, says The Journal of the American Medical Association, that if an expenditure for food of $10.00 per pupil for two hundred school days would make the $36.59 productive, it could be considered as an economic gain; the outcome, he feels, "removes the problem from the sphere of paternalism."

Editorial Clippings.

TEETH AND HEALTH.

In a recent number of the American Journal of the Medical Sciences, Camac called attention to the importance of a more intimate co-operation between the physician and the dentist. There is little doubt that for many years the medical profession has assumed a superior position and has refused to recognize the bearing that dental disturbances have upon the general health.

Anyone who takes the trouble to examine, even casually, the oral cavities of his patients will be astonished at the condition of the teeth. Although American soldiers have excited favorable comment on account of the tooth brush being so much in evidence, yet the care of the mouth is neglected sadly by the community. So many teeth are gone that the proper mastication of food becomes impossible, and the individual is commonly under weight and anemic. In addition to this loss of mechanical value, there is the presence of the necrotic conditions that led to the destruction of the teeth. It may be called Riggs' disease, pyorrhea alveolaris, dental abscess, dental sepsis, etc., but the important point in common is the presence of pus in greater or less amount. If, as is not infrequent, two or three drams of pus, containing virulent streptococci, are secreted and swallowed every day, there must occur some disturbance of digestion. But there is an even more serious and dangerous possibility, that of localized collections of pus which cannot escape and may therefore give rise to systemic infections, such as arthritis and endocarditis. Such a purulent condition anywhere else than around the teeth would be attacked most vigorously. No physician would permit an infected finger nail to go untreated, yet the same man will calmly disregard a suppurating tooth and wonder why his treatment is not successful. Camac believes that consultations of the internist with the dentist are as necessary as those with the surgeon, a belief that is indeed warranted by the facts.—New York Medical Journal.

HOW TO MAKE COUNTY SOCIETY MORE EFFICIENT.

1. The secretary is the most important officer. He must be a worker and have system. The president, vice president and treasurer must be ready at all times to help him, and the president, as chief, must keep posted and see that everything is properly and promptly attended to.

2. The secretary must have the entire name (initial not sufficient, no matter what the individual may prefer), birthplace, dates, all degrees and when and where obtained, location and other important information about every member. He must be familiar with the members, their correct initials and addresses. He will require this information often.

3. Programs must be made up months in advance, not at the last minute. Those to appear must be followed up and prevented from failing at the last week. Every man must be given an opportunity as circumstances permit, and the common custom of depending on a few old stand-bys should be avoided.

4. Keep before the public by well-written accounts of the meetings, programs, items of public interest in the daily papers.

5. Have uniformity on lists, programs, etc. Don't publish J. Alexander—or George L.—

or John James—but observe uniformity for names and give initials only except in case of biography, applications, etc., when the entire name should be given. Omit the word "Dr." from programs. This method is not monotonous and is more pleasing to the members.

6. The officers should meet once a month to discuss any business. If necessary, they should together visit surrounding towns and villages to become acquainted with the members there and gain new ones. One officer should in any case visit the out-of-town members.

7. Start meetings on time and limit discussion to five and each paper to twenty minutes. Have some light refreshment after each meeting so that each member will go home pleased and willing to come again.

8. The officers, especially the secretary, must not permit any personal feeling to influence their work, but must without fear or favor do what is best for the interests of the society.—Ohio State Medical Journal.

Personals and News Items.

Dr. J. E. Phillips of Van Buren has moved to Eureka Springs.

Dr. Aris W. Cox of Helena is in New York City taking special courses at the Manhattan Hospital on diseases of the eye, ear, nose and throat.

Dr. LeRoy Long, F. R. C. S., has returned to his home in McAlester, Okla., after visiting his son, who recently was operated on at St. Luke's Hospital, Little Rock.

Dr. J. T. Chears of Winchester has moved to Tillar. Dr. Chears' son, who is now in his senior class at the Medical Department, University of Arkansas, will locate at Winchester after graduation.

Dr. Clinton P. Meriwether, secretary of the Arkansas Medical Society, has recently been appointed councilor of the Southern Medical Association.

You can have a larger and better Journal by writing our advertisers: "I saw your ad in our State Journal." Favor those who favor us.

Arkansas physicians visiting in Little Rock during the past month were: W. J. Hornbarger, Heber Springs; Ira Smith, Leslie; J. B. Crawford, Benton; C. C. Reed, Hensley; J. B. Wharton, El Dorado; C. A. Lumsden, DeWitt; C. W. Sillin and W. H. Moorehead, Stuttgart; R. T. Gephart, Cotton Plant, and J. W. Fillers, Elmyria.

Dr. W. L. Hartsell has moved from Rison to Warren.

Dr. M. G. Thompson and Dr. M. G. Thompson, Jr., have moved from Hot Springs to Ashdown.

POST-GRADUATE SCHOOL FOR ARKANSAS PHYSICIANS.

The Medical Department of the University of Arkansas, Little Rock, will give a course of instruction to graduates, and all undergraduates who are licensed to practice in this state, beginning Monday, May 11, and closing Saturday, June 8, 1914.

Considering their well-equipped laboratories, abundant clinical material, elastic and adaptable course of study, and enthusiastic corps of professors and instructors, there is no good reason why this course should not meet with the most hearty approval and receive the merited and unstinted support of the medical profession of Arkansas.

YOUR PERSONAL SUPPORT IS REQUESTED.

Do you realize, Doctor, that THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY is your Journal, and are you aware that it has grown in popularity outside our own members? With your help we can make it bigger, better and more valuable to yourself and fellow-members. No, we do not want any money, but we are going to ask you from now on to patronize the advertisers whose announcements appear in the columns of The Journal. We make it our duty to see that only first-class firms are represented. When you order, let them know that you were influenced by their ad in The Journal. This will retain their patronage and attract others and you will notice the results.

The Index Office, which has recently been established in Chicago, intends to make a specialty of serving the medical profession by undertaking to supply exhaustive or selected bibliographies of medical subjects, translations or abstracts of articles or monographs, copies, photographic or otherwise, of manuscript, printed or illustrative material.

Special attention will be paid to discretional research and investigations in the libraries of Chicago and other cities.

The office also intends to bring investigators in touch with the work of others in the same line of research.

Located in the city of great libraries, the office will be in position to undertake quite extensive investigations without going outside the locality of its headquarters. It is the intention of the Board of Trustees, however, to establish connections in the other great library centers of the world.

Dr. Bayard Holmes, surgeon and medical writer, is president of the office; Aksel G. S. Josephson, cataloguer of the John Crerar Library, is secretary and directing officer. The office is located at 31 West Lake street, Chicago.

FOR SALE—One Wantz X-ray Coil, manufactured by the Victor Electric Company; one Western Coil, 16-inch, manufactured by the Schiedel-Western Electric Company. Both machiens suitable for therapeutic and heavy radiographic work. In perfect condition, and at a reasonable price. Address, Dr. A. M. Zell, Urquhart Building, Little Rock, Ark. (Advertisement.)

Letters to the Editor.

Dr. William R. Bathurst, Editor Journal Arkansas Medical Society, Little Rock, Arkansas:

Dear Doctor—I merely write to tell you that I have just finished reading your March issue of the State Journal. It is O. K. They have the right man in the right place, and I hope that we may hold him until he cries, "Enough."

Your article on "The Eugenic Fad" is a masterpiece. Logical to the fullest, and can only come from the brain of the fittest.

I am also glad to report that I have about regained my former good health. With best wishes, I am,

Yours sincerely,
C. R. Shinault.

April 2, 1914, Biloxi, Miss.

Little Rock, Ark., April 4, 1914.

To the Members of the Arkansas Child Welfare Association—Greeting:

By order of the president, the first annual meeting of the Arkansas Child Welfare Association will be held in Little Rock, April 17, at 3 o'clock p. m., in the High School building. The election of officers and other important business is to be taken up. Chairmen of the committees will be expected to submit reports.

Urging that every member be present, I remain,

Cordially yours,
Mrs. C. W. Garrison,
Secretary-Treasurer.

Editor's Note.—There is no branch of the public health movement more important than the welfare of our children, and there is no class to whom such an organization should appeal more strongly than to physicians. Every physician in the state should become a member of this association by sending one dollar to the secretary, Mrs. C. W. Garrison, Little Rock.

Abstracts.

TRANSFUSION IN DIABETES.

B. O. Raulston and R. T. Woodyatt, Chicago (Journal A. M. A., March 28), review and criticise the experiments that have been made that support the view of the connection of the pancreatic function in the normal utilization of sugar. If correct, it might be inferred that clinical blood-transfusion might be at least of temporary value in the treatment of diabetes, and they say that, in view of the practical importance of this point, they have long had it in mind that, when the stage of diabetes is reached when intravenous therapy is used, it might be well to try the substitution of fresh blood for sugar solution or alkali. In a case of diabetes mellitus approaching its termination in which all known expedients had failed, they tried the experiment of transfusion. A brother two years older than the patient was the donor, and the transfusion was made by Drs. Curtis and David according to the method advised by them. The results were not favorable. They say: "The transfusion of 500 c.c. of peripheral venous blood from a healthy male donor into the peripheral veins of a brother suffering from severe diabetes mellitus has a deleterious effect on the metabolism of the latter, as evidenced by a marked rise in the output of sugar, ammonium, and acetone bodies, and an increase of the dextrose-nitrogen ratio."

BASOCELLULAR CARCINOMA.

Five cases of multiple basocellular carcinoma are reported (Journal A. M. A., March 28) by R. L. Sutton, Kansas City, Mo., as observed by him during the last eighteen months. These were studied microscopically and the findings are reported and the autogenic theories of cancer discussed. From his study of the subject he reaches the following conclusions: "The theories of Thiersch and of Cohnheim are not tenable in all cases of cancer. In basocellular carcinoma the tumors spring directly from the basal layer of the rete, and are independent of proliferative changes in the corium. It is improbable that either the blood vessels or substances within the blood vessels exert any influence on the course or character of the lesions. An important, if not absolutly essential, factor in the etiology of both basocellular and pickle-cell cancer is a peculiar quality of the skin, a quality which may be acquired, but is frequently congenital and occasionally inherited, and which is characterized by harshness and dryness, with more or less evidence of long-standing dry seborrhea. Judging from the regions commonly involved, exposure to sunlight and atmospheric changes also play an important part in the preparatory degenerative process. The long-continued action of the Roentgen rays may give rise to cutaneous changes which predispose to cancerous involvement, but this predisposition is limited to the area exposed, and would not account for an increased susceptibility of the skin on other parts of the body. The question of a possible relationship between the growths in multiple basocellular carcinoma is an exceedingly interesting one. It may be that in some instances, when the primary lesion is untreated or insufficiently treated, a shower of infectious particles is thrown off ultimately to lodge at various points in the body. The subsequent behavior of these particles is entirely dependent on their new environment, and the basal layer of a properly prepared epidermis may serve for them the same purpose that certain areas on the heart valve occasionally serve the streptococcus viridans. In treatment the main point to be considered is the early and complete eradication of the lesions. Excision should be the method of choice; failing in this, radiotherapy with or without freezing or cauterization probably constitutes the most efficient and satisfactory method."

TEMPERATURE IN TUBERCULOSIS.

An anomaly in temperature curve and pulse-wave not described in any text-book consulted and very little mentioned in the literature of tuberculosis is described by John Ritter, Chicago (Journal A. M. A., March 21), as follows: "If in a slightly advanced tuberculosis subject the pulse-wave and temperature curve are very carefully observed in the early morning immediately on rising, always in the sitting posture, these observations minutely noted, and the patient then directed to proceed to make the necessary preparations for dressing, such as brushing the teeth, shaving, washing, combing the hair, then dressing, all of which should consume about thirty minutes, and then asked to sit down and the pulse and temperature again carefully taken, one will observe that the pulse has increased in frequency from ten to twelve beats, but that the temperature has dropped correspondingly from 0.2 to 0.6 degrees."

As a control of these findings, he obtained the early morning temperature of a number of nurses and medical students, taking a second observation about thirty minutes after the first, both very carefully and accurately taken daily for one week, the subjects being presumably in normal health. In every case a slight increase from one to four beats was noted, but no change in temperature. He also has had the patients make the observations for him, and some of them have called particular attention to the phenomenon in their own cases. In looking over the literature of the last few years he has found but a single reference to this symptom. A careful study might show it to be of great diagnostic value, not only in moderately advanced cases, but more particularly in early or suspected cases. It would be necessary for a great many of these observations to be made for a long time and through the course of the disease and compared with the temperature curves of the perfectly healthy.

PRELIMINARY COLLEGE YEAR.

R. H. Whitehead, Charlottesville, Va. (Journal A. M. A., March 14), discusses the preliminary training of the medical student and says we have a right to expect it to do two things: (1) equip our students with a certain amount of training in and sympathy with scientific work and thought; (2) supply

them with a certain amount of basic knowledge needed for medical study. The first of these he considers of paramount importance; he is not so much concerned with the content of these courses as with the training they give. The chemistry acquirement is the simplest and he thinks we can safely trust the college for this. The biology courses afforded are not uniform and he would have a return to the older course in biology, giving a working knowledge of the types of living beings and a conception of the great generalizations. Physics is a stumbling block if only one year of college work is required, and the trouble is not so much in the laboratory work as in the abstract thought required. The lectures should be followed up by searching oral recitations to test the students' understanding of the subject and to correct misconceptions. The modern language course, Whitehead thinks, should be restricted to German or French and preferably the former. It may be doubted, however, if the college one-year course conveys an adequate reading knowledge, and it might be improved for the purpose if largely made a reading course with special stress on sight reading and the last semester devoted to scientific articles. We shall have to depend on the college, but he doubts the wisdom of the council's action allowing medical schools lacking bona fide connection with universities or endowment to attempt this work. He gives some special points met with in the Southern schools and concludes that there are a large number of nonprofessional schools that can be trusted to do this work. His ideals also are given as to who shall accept the certificates received from the colleges and thinks that this can be best trusted to the deans of the medical school.

RUPTURE OF THE INTESTINE.

Maurice Kahn, Leadville, Colo. (Journal A. M. A., March 7), remarks on the high mortality of intestinal rupture and the manner in which it may occur, and reports several cases observed by himself. The necessity of early operation is especially insisted on, as the surgical technic is fairly successful when early operation is performed. There is no better method of insuring the patient's death than masking symptoms by morphin and waiting for the absolute diagnostic signs of the injury. Hence, he gives a detailed list of the symptoms. Shack varies from slight to most profound, and its absence signifies nothing. Vomiting is common, but not invariable, and the more persistent it is the more important. It is due to irritation of the peritoneum, which, when sufficient to cause it, may be long delayed, especially if the intestinal content is expelled directly into the pelvis. Obstipation is very common, and it is not so useful as a sign as we have it in the picture of traumatic or paralytic ileus. Frequent urination has been observed, but it is rare and a late symptom. Pain is usually intense, local or general, more often the latter. It appears early and continues unabated. The difference in patients enduring pain has to be considered in estimating this symptom. The respiration is said to be characteristic and of thoracic type and shallow. Kahn has not seen this early enough to be of value. If present, it will be significent, but its absence means nothing. The pulse, at first, is usually slow and gradually and steadily rises, though exceptionally this is delayed. An increasing pulse-rate is a valuable symptom, but it may be too late. The temperature is but slightly elevated at first and not dependable for early diagnosis. Formerly the facial expression was considered of importance, but generally when it is noticed it is too late to be of value. Loss of liver dullness is also a late sign and may be simulated by a marked meteorism. Abnormal areas of dullness may appear from hemorrhage, but otherwise they would be tardy in appearance; as an early symptom local dullness is not of importance, as there would be other characteristic symptoms accompanying it. Rigidity of abdominal muscles is an invaluable sign in a suspected case and it is not subordinate in importance to any other. Local tenderness is of great value if superficial injury can be excluded, and its increase in severity and area are rapid in cases of rupture. The longer the time after the accident and the more numerous and marked the symptoms the surer is the diagnosis and the greater the danger to the patient. Once the diagnosis is made, the importance of prompt action cannot be overemphasized. The history may be misleading, but it is still of primary importance, and with it the persistence of the initial symptoms, especially rigidity and pain, are sufficient at least to warrant an exploratory operation.

DUODENAL RUPTURE.

A. B. Kanavel, Chicago (Journal A. M. A., March 7), reports two cases of traumatic extraperitoneal rupture of the duodenum which have convinced him that a toxemia, other than bacterial, is a factor in the mortality. The ordinary type of death from peritonitis was lacking, and post-mortems showed no general peritonitis, such as might have been expected. The diagnosis of such cases is largely based on the excessive local tenderness and pain with nausea and vomiting shortly after the injury. The treatment must be operative. The mortality is much higher than rupture of any other part of the intestine.

ULTRAVIOLET LIGHT.

The value of ultraviolet light in certain skin affections has been demonstrated, but it has not been shown that its benefits are due to direct germicidal action, but may be due to irritant action on the tissues. Since the cornea is relatively transparent to ultraviolet light, it follows that if it should be found impossible by this means to destroy bacteria within corneal tissue without injuring it, the same negative results might be expected with other tissues. To throw light on this question, F. H. Verhoeff, Boston, reports (Journal A. M. A., March 7) the results of an investigation made by Louis Bell and himself on the effect of ultraviolet light on the normal eye, advantage being taken of the powerful light sources and apparatus. He reviews Hertel's experiments and results, pointing out wherein he thinks they may be erroneous. The light sources used by him were chiefly the magnetic arc and the quartz mercury lamp, but the cadmium zinc arc used by Hertel was also tested. "A number of experiments were first made by injecting staphylocci or pneumococci into the corneas of rabbits, and after twenty-four hours exposing the resulting abscesses to the ultraviolet light. Healing did not seem to be hastened, but since recovery ultimately occurred, as it did in the control eyes, these experiments are not regarded as sufficiently conclusive and are not given in detail." Other experiments, however, which are detailed are more conclusive. The general results prove that ultraviolet light cannot under any conditions destroy bacteria within the cornea, even when that is perfectly transparent, without severely injuring the corneal tissue. The exposures would have to be impracticably prolonged to destroy bacteria in corneal abscess or ulcer, even with the sacrifice of corneal tissue, and the heating effect would exceed the ultraviolet light chemical action. It is doubtful also whether ultraviolet light of such intensity could be made available for therapeutic purposes. From these results he concludes that ultraviolet light possesses no therapeutic value for the destruction of bacteria within the animal tissues.

BLOOD TRANSFUSION.

The importance of an accurate method of estimating the amount being transfused in blood transfusion is pointed out by E. Libmann and R. Ottenberg, New York (Journal A. M. A., March 7). It is of importance from two points of view: (1) in order to avoid any danger to the donor from loss of blood; (2) to determine when the patient has received enough for the desired therapeutic effect. From previous studies they have found that variations in blood or pulse-rate are too irregular to be of use, but the rise in percentage of hemoglobin when the patient's hemoglobin is low, is susceptible of pretty accurate measurement. If two fluids having different percentages in solution are mixed in unequal volumes, the percentage strength of the resulting mixture is the sum of the products of volume multiplied by the percentage of each solution, divided by the volume of the total mixture. In order to calculate the exact amount of blood and not merely the relative volume transfused, it is necessary to know the blood volume of donor and patient. Great accuracy in this is at present impossible, but a large number of experimental observations by various authors have shown that blood volume bears a rather constant relation. It has recently become clear that the original estimate of Welcker, that human blood-weight is approximately one-thirteenth of the body-weight is wrong, and that the actual blood volume is more nearly one-nineteenth of the body-weight. The authors' observations and experience indicate that if more than one-quarter of the donor's blood is taken, symptoms of collapse, ordinarily of short duration, are apt to supervene. The donor should be sharply watched as soon as the hemoglobin rise in the patient nears a point that indicates that nearly one-quarter of his blood has been transfused. Warnings in the literature as to danger of acute dilata-

tion of the patient's heart from excessive transfusion led the authors at first to make a similar calculation as to the amount of blood a given patient could receive. Experience, however, has taught them that such calculation is necessary only when there is a disparity in size between the donor and patient. Usually the circulation adjusts itself rapidly to the increased blood-supply. There are several possible sources of error mentioned. The first, of course, is due to loss of blood in acute hemorrhage. When the hemorrhage is recent enough to permit an opinion as to the amount lost, allowance can be made for this. But when the loss has occurred from twelve to twenty-four hours before the transfusion it is probably unnecessary to make the allowance. Another source of error which is present in practically every case, and for which it is impossible to make an allowance, is the absorption of plasma from the circulation by the tissues. The authors' experiments, however, when accurate weighings of donor and patients were made, showed that while these sources of error may exist, in most cases they are not large enough to affect materially the results of the calculation. They say in conclusion: "1. It is as necessary to control the amount of blood transferred during a direct transfusion as it is to control the dosage in any other therapeutic procedure. 2. A simple arithmetical formula is given by which it is possible to calculate how much rise in the percentage of hemoglobin will be obtained by transfusion of a given volume of blood. The formula is:

"[(Patient's blood-weight multiplied by patient's hemoglobin per cent)] plus (Weight of blood transfused multiplied by donor's hemoglobin per cent.)] divided by [Patient's blood-weight plus weight transfused (in pounds)] equals hemoglobin per cent reached.

"The patient's blood-weight is estimated as one-nineteenth of the body-weight. 3. The amount to be transfused may be decided arbitrarily, with regard to the patient's need, or with regard to the donor's ability to give up blood. 4. It is always safe to take one-fourth of the donor's blood; it is often safe to take as much as one-third of the donor's blood volume, provided the transfusion is not done too rapidly. 5. Though the danger of overloading the circulatory system of the patient is not as great as has been thought, yet probably it is not wise to add more than one-fourth, or at most one-third, as much blood as a person of the patient's weight normally has. This needs to be taken into account only in children or very small adults, transfused from large donors, because in most cases a single donor will collapse before he can give enough blood to embarrass the circulation of a full-grown adult patient. If more than one donor is used this part of the circulation becomes of great importance. 6. By means of exact weighings of either donor or patient, or both, before and after transfusion, in a series of given cases, we have shown that the formula which they give corresponds quite closely to the actual amount of blood transfused. 7. By using this calculation as a guide and determining before each transfusion the point to which the hemoglobin ought to be raised, it is possible to avoid untoward symptoms in either the donor or patient. We have demonstrated this in a large number of transfusions."

TUBERCULOSIS.

The spread of tuberculosis is considered by A. P. Francine, Philadelphia (Journal A. M. A., March 7), as regards its social, economic and medical aspects. The plague flourishes in the homes of the ignorant and in the slums, and housing conditions alone cannot account for it. We must take into consideration also ignorance, carelessness and alcoholism as factors. We must not too readily credit many kinds of labor as the cause (eliminating, of course, infected workshops). They come nearest to being a cause where certain kinds of dust are inhaled, but they mainly act through reducing resistance. Anti-tuberculosis campaigns and all other kinds of public health work act together and we must not confine our efforts too strictly to this one disease. On the medical side we must recognize two great factors: First, close association with the disease in others with careless habits, and second, the vulnerability of childhood. Ordinary intercourse or occasional contact and consequent inhalation of the germs are not liable to give rise to pulmonary consumption in the adult, but this must not be interpreted as condoning carelessness in this regard. It is largely children affected by contact in their homes that furnish the coming crop of consumptives. The early glandular type may show itself only in anemia under development, etc., and in the tuberculin reaction. He quotes authorities to show that the majority of children above fourteen, especially of the

working and poorer classes, and nearly all adults are infected at some time or other. The decreasing death rate from tuberculosis in cities is accounted for by Newsholme by the greater recourse taken to institutional treatment, and with this Francine agrees. We should also consider the fact of acquired immunity, of which so much is made by recent authorities, some even holding that early infection protects against later disease, and this element of racial or communal resistance cannot be ignored. Since tuberculosis is the most common infection of childhood, we must get rid of the distinction of the so-called medical and surgical tuberculosis. The problem of prevention, Francine says, must take into account not only the care and isolation of the consumptive himself, but also the care and development of the children who have been infected or exposed, and probably also the development of the specific racial immunity. He also emphasizes the interdependence of the tuberculosis campaign and all efforts for the common welfare.

STRANGULATED TUBO-OVARIAN HERNIA.

Arthur B. Eustace and R. William McNealy, Chicago (Journal A. M. A., March 7), call attention to the fact that from 1890 to 1910 eighty cases of hernia of this type, of which thirty-five were in infants under one year, have been reported, and give an account of a case of their own in an infant of six months. The hernia had existed from birth, had become inflamed, and when seen was about the size of an English walnut. Under ether anesthesia a right inguinal incision was made, the hernial sac was opened and a black congested mass exposed, which was found to be the tube, ovary and broad ligament. Tube and ovary were resected, the stump returned to the abdomen and the wound closed. The child rapidly recovered. The ovary was found to be gangrenous.

New and Non-Official Remedies.

Since publication of New and Nonofficial Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies:"

Trypsin (Fairchild).—A powder consisting of the proteolytic enzyme of the pancreas, separated to a considerable extent from the other enzymes and constituents of the gland and of a definite strength. Trypsin digests proteins and nucleoproteins in slightly alkaline media. Fairchild Bros. & Foster, New York (Journal A. M. A., March 7, 1914, p. 776).

Cerolin.—Cerolin consists of the fats, cholesterins, lecithin and ethereal oil extracted from yeast by alcohol. Experiments have indicated that the laxative action of yeast depends on the fats and lipoid constituents, and that in skin affections these substances have the action of yeast itself. Hence, cerolin, marketed in the form of cerolin pills, 1½ grains, is said to be useful in furunculosis, acne and in other skin affections. It is also said to be useful in habitual constipation, leukorrhea, erosions of the vagina and cervix and in similar diseases. Merck & Co., New York City (Journal A. M. A., March 21, 1914, p. 931).

Refined and Concentrated Tetanus Antitoxin (Squibb).—For description, see New and Nonofficial Remedies, 1914. Marketed in the form of syringes containing, respectively, an immunizing dose and a curative dose. E. R. Squibb & Sons, New York (Journal A. M. A., March 21, 1914, p. 931).

Typhoid Vaccine (Immunizing).—For description of typhoid vaccine, see N. N. R., 1914, p. 259. It is prepared according to the method of the United States Army Laboratory. Marketed in ampule and syringe packages, each containing 500 million, 1,000 million and 1,000 million killed typhoid bacilli. H. M. Alexander & Co., Marietta, Pa. (Journal A. M. A., March 28, 1914, p. 1014).

B. B. Culture.—A pure culture of bacillus bulgaricus marketed in bottles containing 90 c.c. Intended for use in intestinal indigestion and for the intercolitis of infants. B. B. Culture Laboratories, Yonkers, N. Y. (Journal A. M. A., March 28, 1914, p. 1014).

Since publication of New and Nonofficial Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R." Those accepted during the current month are made prominent by the use of capitals.

H. M. Alexander & Co.:

TYPHOID VACCINE, IMMUNIZING.

B. B. Culture Laboratory:
B. B. CULTURE.
Farbwerke Hoechst Co.:
Amphotropin.
Fairchild Bros. & Foster:
Trypsin.
Hoffman-Laroche Chemical Works:
THIOCOL, SYRUP THIOCOL, ROCHE.
Hynson, Westcott & Co.:
Phenolsulphonephthalein, H. W. & Co.; Phenolsulphonephthalein Ampoules, H. W. & Co.
Merck & Co.:
CEROLIN.
H. K. Mulford Co.:
Anti-Anthrax Serum, Mulford; Antistreptococcus Serum Scarlatina, Mulford; Disinfectant Krelos, Mulford; Salicylos; Staphylo-Serobacterin; Strepto-Serobacterin; Typho-Serobacterin.
E. R. Squibb & Sons:
TETANUS ANTITOXIN, SQUIBB.
Thiocol and Syrup Thiocol, Roche readmitted to N. N. R.:
The advertisements of Thiocol and Syrup Thiocol, Roche, to the public in the form of Sirolin having been abandoned here and abroad, the council has readmitted Thiocol and Syrup Thiocol, Roche, to New and Nonofficial Remedies. (See above.)

Propaganda for Reform.

Amorphous Phosphorous.—Amorphous or red phosphorous is chemically most inactive and pharmacologically is generally considered without action. Now Dr. I. L. Nascher proposes amorphous phosphorous as a remedy of remarkable value for arteriosclerosis of old age—but produces no reliable evidence for his claim. Based on Nascher's assertions, Sharp and Dohme advertise Pill Phosphorous Amorphous S. and D. as a successful method of treatment for senile arteriosclerosis. The asserted actions of amorphous phosphorous are such as may be calculated to appeal to the sexual neurasthenic and the advertisements are likely to bring about an extensive use of the drug by the uncritical. The psychic element which plays so large a part with the sexual neurasthenic will bring favorable reports on the drug—at least for a while—just as at one time ordinary phosphorous had a vogue (Journal A. M. A., March 7, 1914, p. 793).

Red Phosphorous.—I. L. Nascher in a letter to The Journal states that he has had nothing to do with the exploitation of Pill Phosphorous Amorphous S. and D. He admits that he has no experimental basis for the use of this remedy and that his theory is simply a theory without facts to prove it (Journal A. M. A., March 28, 1914, p. 1033).

Towns' Epilepsy Treatment.—This nostrum, formerly sold as Towns' Epilepsy Cure, is a bromid mixture that is taken indiscriminately by the public in doses that no physician would dare prescribe. The nostrum is given an editorial commendation in The Western Christian Union (Journal A. M. A., March 7, 1914, p. 794).

The Absorption of Iron From Mineral Waters.—It is now generally admitted that both forms, organic and inorganic, of iron compounds can be absorbed and satisfactorily carry out the purpose for which they are ordinarily administered. Recent investigation has shown that iron salts are absorbed from natural waters (chalybeate waters) in which they occur, and there is no reason for supposing that these cannot facilitate hemopoiesis and hemoglobin formation, if there is a deficiency in the iron-containing component of the blood, precisely as medicinally administered iron may. They seem to possess no advantage, however, over the latter (Journal A. M. A., March 14, 1914, p. 856).

The Danger of Crotalin.—A death from infection from the use of crotalin is reported by J. F. Anderson of the U. S. Public Health Service. Out of ninety-five ampules of crotalin solution, from four different manufacturers, thirty-five were found to be contaminated; further, twelve tablets were examined and all found to be contaminated. It was demonstrated that there was a variation in the activity of different lots of crude venom and also in the solution prepared by the same or different manufacturers. The report emphasizes the dangers of the use of rattlesnake venom or crotalin for the treatment of

epilepsy (Journal A. M. A., March 21, 1914, p. 934).

Citrolax.—Advertisements suggest that Citrolax is magnesium citrate in tablet form and superior to the regular magnesium citrate solution. Examination of Citrolax in the A. M. A. Chemical Laboratory showed that the tablets when treated with water did not give a clear solution. The watery solution was found to contain magnesium, sodium and citrate, while the insoluble portion was found to be phenolphthalein equivalent to three and one-half grains of phenolphthalein per tablet (Journal A. M. A., March 21, 1914, p. 949).

Thoxos.—Thoxos is offered to physicians by John Wyeth & Bro. for the treatment of rheumatism, rheumatic arthritis, gout, etc., with the following incomplete statement of composition: "It is a palatable solution of strontium and lithium soluble salts, thirty-two grains, combined with twenty-four minims wine of colchicum seed and a vegetable alterative, in each fluid ounce, flavored with aromatics." From an examination in the A. M. A. Chemical Laboratory it was concluded that Thoxos contains strontium salicylate, lithium salicylate, small quantities of sodium salicylate, free salicylic acid and potassium iodid, and probably also colchicum and sarsaparilla. As strontium and lithium salicylate are generally considered to have about the same action as sodium salicylate, Thoxos may be considered as equivalent to a preparation containing in each dose of one teaspoonful three grains of sodium salicylate with a fractional dose of colchicum and potassium iodid (Journal A. M. A., March 21, 1914, p. 949).

Mercuric Chlorid and the Public.—In commenting on the use of mercuric chlorid tablets by the public and on the attempts to check this by special legislation, M. I. Wilbert points out that the exploitation of this drug under nondescriptive titles such as "antiseptic tablets" is partially responsible for their indiscriminate use. The fact that they are given a distinctive shape or color does not serve to protect the purchaser if he is uninstructed as to their contents; instead, it tends to elaborate on the misuse of the tablets. Physicians are to some extent responsible for the public use of tablets of corrosive mercuric chlorid, for in the past these tablets have been prescribed or given to patients for antiseptic purposes without sufficient precaution as to their poisonous character (Journal A. M. A., March 28, 1914, p. 1042).

PROVISIONAL PROGRAM

Thirty-Eighth Annual Meeting of the ARKANSAS MEDICAL SOCIETY

El Dorado, Ark.

May 19, 20, 21, 22

TUESDAY, MAY 19.

First Day.

10 A. M.

House of Delegates.

WEDNESDAY, MAY 20.

Second Day.

9:30 A. M.

General session.

2 P. M.

SECTION ON DERMATOLOGY AND SYPHILOLOGY.

Chairman—James H. Chesnutt, Hot Springs.
Secretary—J. M. Proctor, Hot Springs.

1. Chairman's address.
2. "Malignant Degeneration of Skin Blemishes"—Wm. R. Bathurst, Little Rock.
3. "Syphilis of the Kidneys, with Report of Cases, with Treatment"—E. H. Martin and E. A. Purdham.
4. "Diagnosis and Treatment of Syphilis of the Nervous System"—Loyd Thompson and D. W. Roberts, Little Rock.
5. "The Evolution of Knowledge Appertaining to Syphilis"—Abner H. Cook, Hot Springs.

SECTION ON PATHOLOGY.

Papers to be announced.

8 P. M.

STATE MEDICINE AND PUBLIC HYGIENE.

Chairman—J. L. Greene, Little Rock.
Secretary—C. W. Garrison, Little Rock.

1. "The Relation of the Laboratory to the Work of the Surgeon" (illustrated with lantern slides)—By J. P. Runyan, Little Rock.
2. "Symposium on Tuberculosis"—
   Sam E. Thompson, Carlsbad, Tex.
   Boyd Cornick.
   John Stewart, Superintendent Arkansas Tuberculosis Sanatorium, Booneville.

THURSDAY, MAY 21.

Third Day.

10 A. M.

SECTION ON GYNECOLOGY AND OBSTETRICS.

Chairman—R. L. Saxon, Little Rock.
Secretary—O. B. Ward, England.

1. Chairman's address.
2. "Some of the Malformations of the Uterus and Vagina, with a Report of One of the Rarest Forms"—R. C. Dorr, Batesville.
3. "Emergency Gynecology in the Rural Districts, with Report of Cases"—S. W. Colquitt, McKamie.
4. "Relief of Uterine Inertia"—S. W. Douglass, Eudora.
5. Title not announced—G. C. Abell, Texarkana.
6. "Uterine Displacements"—Oscar Gray, Little Rock.

7. Title not announced—W. C. Dunaway, Little Rock.

2 P. M.

SECTION ON PRACTICE OF MEDICINE.

Chairman—C. J. March, Fordyce.
Secretary—S. J. McGraw, El Dorado.

1. Chairman's address.
2. "The Nasal Septum"—Robert Caldwell, Little Rock.
3. "Early Recognition of Diseased Tonsils and Adenoids"—W. T. McCurry, Little Rock.
4. "Modern Therapy of Some Common Eye Lesions"—L. H. Lanier, Texarkana.
5. "Report of Three Unusual Cases"—R. H. T. Mann, Texarkana.
6. "Some Things to Be Remembered by the General Practitioner"—G. E. Connon, Hope.
7. "Mucus Colitis"—Thos. Douglass, Ozark.
8. "Arterio-Sclerosis and Its Results"—H. F. Smith.
9. "Alimentary Intoxication of Children"—R. A. Harkins, Ratcliff. Discussion opened by E. N. Lipe, Scranton.
10. Subject not announced—J. H. Weaver, Hope.
11. "Purpura, with Report of Cases"—James H. Chesnutt, Hot Springs.
12. "The Underestimation of Internal Medicine by Some Who Do Surgery"—C. S. Pettus. Little Rock. Discussion opened by R. L. Saxon, Little Rock.
13. "The Phenolsulphonephthalein Test" — By Wm. H. Deaderick, Hot Springs.

THURSDAY, 8 P. M.

Memorial Session.

FRIDAY, MAY 22.

Fourth Day.

9 A. M.

SECTION ON PRACTICE OF MEDICINE.

(Continued.)

14. "Diagnosis and Cure of Malaria"—C. C. Bass, New Orleans.
15. Symposium on Pellagra—
    (a) Paper. By H. Thibault, Scott.
    (b) Paper. By J. E. Sparks, Crossett.
    (c) Presentation of Cases. By Commission on Pellagra, State Board of Health.
    (d) Discussion opened by George Dock, St. Louis, Mo.

1:30 P. M.

SECTION ON SURGERY.

ARKANSAS STATE MEDICAL SOCIETY.

1. Chairman's Address—Charles S. Holt, Fort Smith, Ark.
2. "Anoci-Association"—George W. Crile, Cleveland, Ohio. Discussion opened by W. F. Smith, Little Rock.
3. "Treatment of Congenital Palate and Lip Clefts"—Vilray P. Blair, St. Louis, Mo.
4. "Metastatic Infections"—Benjamine D. Luck, Pino Bluff.
5. Subject unannounced—Carle Bentley, Little Rock.
6. "The Story of a Vesico-Vaginal Fistula"—Anderson Watkins, Little Rock.
7. "The Surgical Treatment of Glaucoma"—Herbert Moulton, Fort Smith.
8. "Retro-displacement of the Uterus and Its Treatment"—Robert G. Carlin, Fort Smith.
9. "Vesicle Calculi, with Report of a Case"—C. P. Meriwether, Little Rock.

County Societies.

CRAWFORD COUNTY.

(Reported by O. M. Bourland, Sec'y.)

Van Buren.—The Crawford County Medical Society met in this city Thursday, March 26, President M. S. Dibrell in the chair.

Scientific program was as follows:

"A New Treatment of the Summer Diarrheas of Children," by M. S. Dibrell.

The paper was thoroughly enjoyed and discussed by all present.

S. W. Kirkland was appointed essayist for the next meeting.

Delegate to the Arkansas Medical Society, O. M. Bourland; alternate, Giles Lucas.

We regret the removal of Dr. J. E. Phillips to Eureka Springs. Dr. Phillips will go to St. Louis for post-graduate study before opening an office in his new location.

A very creditable degree of enthusiasm exists in the work of our society.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, Sec'y.)

The Franklin County Medical Society met April 7. The program was as follows:

"Swamp Fever," by Dr. J. P. Blakely.
"Surgery," by Dr. Houston.
"Morphine," by Dr. Warren.
"Finance," by Dr. T. B. Blakely.

LITTLE RIVER COUNTY.

(Reported by W. E. Vaughan, Sec'y.)

Richmond, April 4.—The Little River County Medical Society held its first public meeting in the courthouse at Ashdown February 3. The ladies of the Ashdown Improvement Club served dinner to the members, visiting physicians, local druggists, dentists, members of the School Board, and the municipal officers.

In the afternoon the program was as follows:

*Welcome Address—By Hon. A. D. DuLaney.

*Address of Welcome on Behalf of the Little River County Medical Association—By Dr. T. T. Shackelford.

*"Organized Medicine"—By Dr. Preston Hunt.

*"Preservation of Public Health"—By Dr. L. H. Lanier.

Address—By Dr. R. H. T. Mann.

Address—By Dr. E. L. Beck.

We meet the first Tuesday in every month at various places in the county.

*—To be published in the April issue.

The membership of this society now numbers 18.

DESHA COUNTY.

(Reported by Charles C. Price, Sec'y.)

Dumas.—The Desha County Medical Society met in this city April 6. Present: H. T. Smith, McGehee; J. A. White, T. H. Bowles, A. Isom and C. C. Price, Dumas.

The following officers were elected:

President—J. A. White, Dumas.

Secretary—H. T. Smith, McGehee.

Delegate to the State Society—V. McCammeron.

Alternate—H. T. Smith.

The delegates were instructed to vote for Little Rock as the next meeting place for the State Society.

The program consisted of various subjects pertaining to every-day practice, which elicited helpful and instructive discussions.

WANTED.—At once, at Wilmar, Drew County, Ark., a good, live physician to take care of country practice. This is a fine location for some young doctor who is anxious to succeed. For further information, address Town of Wilmar, Wilmar, Ark. (Advertisement.)

Deaths.

Young.—Dr. John Young passed away Tuesday afternoon, March 24, at his home in Springdale. He had been in ill health for the past few years, and while his death was not entirely unexpected, it was none the less a shock to the entire community.

A short service was held at the residence Wednesday afternoon at 3 o'clock, and a more extended service was held at Bluff Cemetery where interment was made. In the absence of Rev. A. L. Cline, pastor of M. E. Church, South, services were conducted by Elder I. M. Phillips of Second Baptist Church, who paid an eloquent tribute to his long-time friend. The services were largely attended, numbers being present from surrounding towns, and there were many beautiful floral offerings from friends here and elsewhere. As a mark of respect the business houses were closed for the funeral. The pallbearers were I. T. Lane, J. P. Deaver, Wilson Cardwell, W. G. Ownbey, L. Powell and Dr. C. F. Perkins.

John Young was born in Overton County, Tenn., August 12, 1836. Having acquired a common school education, he began the study of medicine when about nineteen years of age, and took his degree from the Missouri Medical College in 1875, since which time, until failing health interferred, he has been actively engaged in the practice of his profession, having ranked as one of the leading physicians in this section of the state. He first began practicing medicine at Sherman City, Kan., and in 1879 located in Springdale, which has, except for a short interval, been his home since.

During the Civil War deceased served the cause of the South for a period of three years as a member of Shelby's Brigade, First Missouri Cavalry, after which he went West and spent a few years on the plains and in the mountains engaged in freighting, mining, etc. In 1877 he was united in marriage to Miss Sophia Franklin of Dixon, Mo., and to them were born three children, two sons and a daughter, all of whom, together with the widow, survive deceased. The children are Dr. F. B. Young of Springdale, Daisy, wife of Bruce Holcomb of Fayetteville, and J. B. H. Young, also a resident of Springdale. Deceased is also survived by two brothers, Dr. W. H. Young of Springdale, and Joe, the youngest of the family, who resides in Kansas.

Dr. Young was a man of strong character and marked individuality. He was a deep student, even in his declining years, and with a mentality above the ordinary, was able to retain and assimilate what he read. With his broad learning he was able to discuss intelligently questions of history, politics, religion, as well as current events. In politics he was an uncompromising Democrat, and probably his last public appearance was the occasion of Senator Clarke's recent visit to Springdale when he presided as chairman of the meeting and introduced the senator.

Dr. Young was a man of strong convictions and never hesitated to make his position known on every question which came up. Those who could not always agree with him never failed, however, to respect and admire him for his true worth and splendid integrity. Dr. Young was a member of the M. E. Church, South, and a member of the Masonic and I.

O. O. F. fraternities. He numbered his friends among all classes and his death is a distinct loss to the community.

Book Reviews.

PRACTICAL SANITATION.—A hand-book for health officers and practitioners of medicine. By Fletcher Gardner, M. D., and James Persons Simonds, B. A., M. D. Cloth, 400 pages, 40 illustrations. Published by C. V. Mosby Company, St. Louis, Mo. Price, $4.00.

This book aims simply to provide a safe way for the health officer to meet any emergency which may arise.

It treats of public and personal hygiene, entering into details and discussing their many features. Its teachings are true and up to date, and it may be confidently stated that if its directions and lessons are heeded, the efficiency, wealth and happiness of the commonwealth will be greatly augmented.

The authors state that the foundation of all hygienic work is vital statistics. "Vital Statistics"—the bookkeeping of humanity—furnish the only means of knowing the whereabouts of disease and the extent of the losses caused by it. They also tell our social latitude and longitude on the sea of time, which the nation must know if it is to endure. From these facts we learn that we must know the location and the strength of the enemy—disease—before we can hope to combat it successfully. The first step for the successful conduct of a movement for the betterment of the public health is the collection of correct vital statistics. Therefore, let every person do his part and see to it that births, deaths and contagious diseases which occur in his family or vicinity are reported.

PRINCIPLES OF SURGERY.—By W. A. Bryan, A. M., M. D., professor of surgery and clinical surgery at Vanderbilt University, Nashville, Tenn. Octavo of 677 pages, with 224 original illustrations. Philadelphia, W. B. Saunders Company, 1913. Cloth, $4.00 net.

In writing this book the author gives the fundamental facts in a simple and logical way, and thereby lays a foundation upon which an intelligent understanding of the immense details of practical work may be built.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Volume II, Number 6. (December.) Octavo of 186 pages, illustrated. Philadelphia, W. B. Saunders Company, 1913. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

The leading articles in this volume pertains to "Tuberculosis of the Lungs; Production of Artificial Pneumothorax by Injection of Nitrogen" according to Dr. Murphy's method. "Students' Clinic at Opening Session This Year," illustrating Dr. Murphy's method of student instruction, with preliminary remarks.

The book closes with a list of cases operated on and demonstrated by Dr. Murphy at Mercy Hospital during the week of the Clinical Congress of Surgeons of North America, November 10-15, 1913.

Pages 1099 to 1111 give the index and contents of Volume II, 1913.

THE CLINICS OF JOHN B. MURPHY, at Mercy Hospital, Chicago. Volume III, Number 1. Octavo of 190 pages, 91 illustrations. Philadelphia, W. B. Saunders Company, 1914. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

Many of the cases referred to in this number, in connection with the clinical talks of Dr. John B. Murphy, have already been reported in past numbers of the clinics, and the same can be said in regard to the skiagrams and photographs illustrating these cases. These were, however, shown in connection with the clinics held during the Clinical Congress, November 1-15, 1913, and are, therefore, part of the record, which accounts for their repetition. They show, moreover, the further progress of these cases and complete the histories of many of them.

In addition, among other articles we find the following:

"Lord Lister and Antiseptic Surgery," a talk by Sir Rickman J. Godlee, president of the Royal College of Surgeons of England.

"Nitrous Oxid Anesthesia," a talk by George W. Crile, M. D., of Cleveland, O., at the clinic held November 14, 1913.

"Gastric Ulcer and Gastric Carcinoma," a talk by Herbert Paterson, F. R. C. S., of London, England, at the clinic, November 14, 1913.

"Metastatic Infections," a talk by George E. Brewer of New York, at the clinic, November 14, 1913.

A double-page picture is given in this number, showing the attendance at Dr. Murphy's clinic at the Mercy Hospital, Chicago, November 12, 1913. Beginning with the next number (April, 1914) there will appear in each issue of the clinics a detailed talk by Dr. Murphy on some special topic connected with the general subject of surgical diagnosis.

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Original Articles.

MENINGITIS.*

By J. B. McElroy, M. D.,
Memphis, Tenn.

Meningitis signifies an inflammatory process of either or all of the membranes covering the brain and spinal cord.

Inflammation of the outer membrane is known as pachy-meningitis, which, while infrequent, usually occurs as a secondary process and often without involvement of the other membranes.

In as much as an inflammatory process affecting the pia mater also affects the arachnoid, this condition is usually designated as lepto meningitis; and the process is, as a rule, in mind when the term meningitis is used.

It has been difficult to classify the meningitis on a clinical pathologic or etiologic basis solely. Possibly the most satisfactory is that which divides them into two groups: (1) Those in which the infectious agent localizes primarily upon the meninges, which are known as primary meningitis; (2) those in which the infecting agent is carried from some primary focus of infection in the body, and these are spoken of as secondary meningitis.

There are chiefly two micro-organisms which produce primary meningitis. The meningococcus gives rise to primary meningitis which may occur sporadically or epidemically. Amongst the former is now placed Still's posterior basic meningitis. It has been proposed to designate the latter as cerebro-spinal fever, and amongst these cases are placed certain cases produced by an organism which in general closely resembles the meningococcus, but differs from it in some of its serelogical reactions, and which Widal and other French observers have designated as the para-meningococcus. This would seem to be a useful distinction in as much as some cases which have failed to respond to anti-meningitis serum have promptly improved by the use of a serum prepared from this special organism.

The pneumococcus not infrequently also produces a primary meningitis and it has been thought by some that this organism has been responsible for certain epidemics. Recent investigations have, however, shown that this organism probably does not give rise to the epidemic form.

Secondary meningitis, according to etiology, may be further subdivided into a number of varieties—traumatic, secondary to wounds; tuberculous, following tuberculous infection; pneumococcus, secondary to a primary focus in the ear nasal cavity, its accessory sinuses and the orbit, and also secondary to more generalized infections as pneumonia, acute endocarditis, empyema, etc.; possibly rheumatic, in the course rheumatic fever; pyogenetic, from infections by streptococci and staphylococci; secondary to numerous miscellaneous infections; syphilitic; serous, *i. e.*, cases presenting the clinical symptoms of meningitis associated with an increased amount of cerebro-spinal fluid in which there may be an increased proteid content, but its cellular content is normal and it is sterile. In these cases the examination of the meninges shows only hyperemia. They occur with or secondary to various intoxications, such as alcoholism, lead poisoning, diabetes, etc. Finally, there are cases which in association with acute infectious diseases may present the clinical symptoms of meningitis, but an examination of the cerebro-spinal fluid or the membranes in these cases coming to

*Read in the Section on Practice of Medicine of the Thirty-seventh Annual Session of the Arkansas Medical Society, at Little Rock, May 20-23, 1913.

autopsy shows no evidence of inflammation. Such cases are designated as meningismus.

There are, of course, clinical signs and symptoms which suggest meningitis, and some of them when present establish the diagnosis. Of these may be mentioned headache, rigidity of the neck muscles, hyperasthesia, vomiting, disturbances the result of the involvement of the cranial nerves; monoplegias; hemiplegias; slow pulse; the atropin reaction, Kernig's, Brudzinski's, McEwen's, Babinski's signs, etc.

The most ready and accurate way to reach a diagnosis is by the examination of the cerebro-spinal fluid obtained by lumbar puncture.

For practical diagnostic purposes the following determinations may be made: (1) The pressure under which the fluid is obtained; (2) its coloration, chromodiagnosis; (3) the protein content; (4) the cell content; (5) the cell character of the fluid; (6) its bacteriology; (7) its serology. Cryoscopy, the determination of cholin, the tonicity and electrical conductivity of the fluid are procedures of more scientific interest than practical value.

(1) Pressure. For practical purposes the pressure of the fluid may be estimated by the character of the flow. Under normal conditions fluid comes out drop by drop, according to Sophian, at the rate of one drop every three to five seconds. The rate is, however, slightly influenced by the position of the patient's head, cardiac pulsation and respiratory activity. A fountain spurt indicates increased pressure. The pressure may be measured in terms of water by connecting a graduated tube by means of rubber tubing to the needle. Quincke considers a pressure of more than 150 mm. of water equivalent to about 12 mm. of mercury as indicating a pathological condition. The pressure is increased in cases of hydrocephalus, intra-cranial tumors, serous, tuberculous and purulent meningitis, and sometimes in uremia and infectious fevers. According to Quincke, moderate increase of pressure with severe pressure symptoms points to acute, while a great rise in pressure with slight symptoms indicates a chronic process.

(2) Chromodiagnosis. Wentworth suggests that the color of the fluid be compared with a test tube filled with clear water. The fluid may be bloody when it will be necessary to determine whether the blood is the result of the puncture or due to a pathological condition. If the fluid is received in three different tubes and the tint is the same in each tube, the blood is probably not due to the puncture. On centrifugation the fluid often retains its normal color where the hemorrhage is due to the puncture; whereas, it retains a yellow tinge when the hemorrhage has occurred into the cerebro-spinal fluid. Hemosiderin and hemotoidin may be demonstrated in cases of long standing, and might be of value in distinguishing cerebral embolism thrombosis from cerebral hemorrhage. The fluid is usually quite clear in hydro-cephalus, serous meningitis, tuberculous meningitis and tumors of the brain. A purulent fluid is absolutely diagnostic of purulent meningitis, or a ruptured brain abscess. A greenish purulent fluid has been considered of diagnostic value in pneumococcic meningitis. Sometimes the fluid is greenish yellow from bile pigment. A clear fluid does not, however, exclude a meningococcic or a pneumococcic meningitis. I have obtained a perfectly clear fluid from several cases of both varieties.

(3) Chemical. To determine the proteid content of the fluid, Rous' modification of Esbach's method, or Brandberg's method for the estimation of proteid may be used. In serous meningitis the proteid content is .5 to .75 pro mille; in tuberculous meningitis .5 to 1.75 pro mille; in purulent meningitis 1 to 5 grains per litre.

(4) Cytodiagnosis. This requires the determination of the number of cells and also the differential count of the cells. There are three methods of determining the number of cells. The centrifugation used by the earlier French observers, the cell chamber method introduced by Saignel-Lavostine, subsequently modified by Fuchs and Rosenthal, who used a special counting chamber, and Alzheimer's method, which requires a microlome and the necessary technic for tissue staining. Bybee's and Lorenz's modification of the cell chamber method possibly is the most satisfactory. The differential count may be made in the same way as for blood count. In cases of purulent meningitis and cerebro-spinal fever the number of cells is, as a rule, greatly increased with marked increase in the polymorphonuclears. Still, in old cases, of the latter the mononuclear cells may predominate. Very exceptionally a fluid in this condition containing no excess of cells is met with. Lymphocytosis has generally

been observed in tuberculous meningitis, cerebro-spinal syphilis, general paresis, tabes dorsalis, and occasionally in herpes zoster, chronic alcoholism, intra-cerebral tumors and mumps. "Except along the broadest lines, there is nothing specific in the permulation of proteins, cells and pressure. But along these lines the fluid from tuberculous meningitis is characteristic as compared with that from cerebro-spinal syphilis or paresis, and these also differ from the normal fluid. If a case be suspected to be one of tuberculous meningitis, but the fluid prove to be normal as regards pressure, protein and cells, the disease may be ruled out."

(5) Bacteriology. The bacteriological examination of the cerebro-spinal fluid includes the direct microscopical examination, cultures and animal inoculation. Usually the latter gives the diagnosis too late to be of value, especially in the case of tuberculous meningitis. The fluid should be collected in sterile tubes and sterile blood serum tubes inoculated at the bedside. Indeed, all observations should be made on fresh fluids. Various bacteria have been found in the cerebro-spinal fluid of meningitis. There are only two which give rise to epidemic cerebro-spinal meningitis, the meningococcus and a streptococcus similar to the streptococcus mucosus capsulats. The latter has been observed in only one epidemic. In cases of sporadic meningitis many bacteria have been found. Meningococcus, pneumococcus, streptococcus, staphylococcus, B. typhosus, B. coli, B. diphtheria, B. influenza, B. proteus, B. lactis aerogenes, B. pyogenes fetidus, B. anthracis, micrococcus tetragenous, lepthothrix and others. As stated above, the presence of clear fluid does not exclude the presence of bacteria. For practical purposes the direct examination will establish the diagnosis. The fluid is centrifuged and smears made from the precipitate and subjected to various staining methods. A Gram negative diplococcus phagocytized is sufficient to identify the meningococcus. Streptococci, staphylococci and pneumococci may be identified by their morphology and positive reaction to Gram's method of staining. The finding of tubercle bacilli will depend largely upon the technic and the patience with which they are searched for. The frequency with which they are found is variously estimated from 50 to 100 per cent. It is said that it is preferable to allow the fluid to clot spontaneously to centrifuging it.

Some of the more recent serological tests have also been applied to the cerebro-spinal fluid for the diagnosis of meningitis. H. Vincent adds one or two drops of anti-meningococcus serum to a tube of fresh cerebro-spinal fluid which has been cleared by repeated centrifugation for ten or fifteen minutes. After the serum has been added, the test tube and a control are incubated at 52° C. for a few hours. If the meningitis is caused by the meningococcus, a definite precipitation will be present in the tube to which the serum was added. From a therapeutic standpoint it is of the greatest importance to differentiate between general paresis and tabes dorsalis on the one hand and syphilitic meningitis on the other. A high lymphocytosis with a positive globulin reaction is practically diagnostic of general paresis or tabes. In these conditions the complement fixation test is more likely to be present in the blood serum than in the cerebro-spinal fluid, while secondary or tertiary syphilis without any suggestion of nerve lesion which gives a lymphocytosis, the Nonne-Apelt is never positive and the complement fixation test may be positive in the cerebro-spinal fluid and negative in the blood.

It is of the greatest importance for the prognosis, as well as for the protection of the patient and community, not only to determine the presence of a meningitis, but the variety present. According to my experience, all forms of meningitis except the meningococcus and serons are fatal. Several cases of recovery from influenzal meningitis have been reported. I also learn from personal communication that several cases of pneumococcus meningitis have been treated successfully at the City Hospital, Memphis, by the intra-spinal injection of ante-pneumococcic serum.

In as much as the meningococcic meningitis is likely to occur in epidemic form and its mortality markedly lessened by proper treatment, I desire to call attention to the prophylaxis and treatment of this disease.

In order to combat successfully any epidemic disease, it is necessary to have a knowledge of its epidemiology, the source and route of infection, and it is desirable to know the infectious agent and its biological characteristics. Fortunately, the morphological, cultural and biochemical features, as well as the distribution and pathogenicity of the meningococcus, the causes of the disease, are pret-

ty well known. So far as we know, the meningococcus occurs in nature only as a parasite in man. In man it is found in the naso-pharyngeal mucous membrane, in the blood and cerebro-spinal fluid of the individuals sick with cerebro-spinal fever, and in the naso-pharyngeal mucous membrane of healthy persons in the immediate vicinity of cases of cerebro-spinal fever, and of apparently healthy persons not in contact with any cases of meningitis, but residing in the communities where an epidemic prevails. These healthy persons constitute the so-called carriers. These latter have been classified as periodic in whom repeated examinations show periods of freedom from meningococci and reappearances; (2) persistent, in whom the meningococci are constantly demonstrable for several weeks or months; (3) temporary, in whom meningococci are found only for short periods. There are, however, some observers who believe that, like the pneumococcus, the meningococcus is almost ubiquitous in man. According to Fliegge, the carriers are ten times as numerous as the cases of meningitis during an epidemic period. It has also been shown that during some epidemics the percentage of carriers, both among persons in close contact with patients and in the community generally, is greatest at the beginning and height of the epidemic, declining as the epidemic declines.

The meningococcus is very shortlived outside of its normal habitat. It is strictly parasitic.

The prevalence of the disease is worldwide. Epidemics are likely to occur in cycles. It is usually impossible to trace the progress of the infection in such a way as to show any definite spread of the disease from one locality to another. Epidemics are apt to appear simultaneously in widely separated communities. Sporadic cases and small outbreaks continue in periods of decreased epidemic prevalence, to occur perenially and almost ubiquitously, though with great rarity as compared with the more common infectious diseases. The vast majority of the population are immune to the disease. Not more than one to two in one thousand of population contract the disease during an outbreak in a city. Epidemics are most likely to occur in the winter and spring. Children and young adults are most susceptible. Unhygienic surroundings favor its development. "Cerebro-spinal meningitis does not present the epidemiologic characteristics which we are accustomed to associate with a contagious disease. Even in carefully studied epidemics it is the exception, rather than the rule, to find any direct or even traceable indirect contact between successive cases. Again, it is unusual to find more than one case of the disease in a family; and when multiple cases do occur in the same house, they often occur so close together, or separated by such long intervals, as to make it seem unlikely that one was infected from the other. The comparative rarity of cases among members of patients' families and among physicians and hospital attendants makes it seem quite certain that the disease is not highly contagious." I have never seen but once two cases in the same family, and both of them were stricken on the same day. The lack of traceable relation between cases renders it virtually certain that direct contact with the sick is neither necessary nor even a very common factor in contracting the infection.

The meningococcus first localizes upon the naso-pharyngeal mucous membrane where it multiplies. If the mechanism of defense does not here overcome the organism it gains entrance into the blood, through which route it is, in all probability, carried to the meninges of the brain and cord, which tissues afford a special predisposition for its growth, by which the local and constitutional disturbances of the disease are produced.

From this knowledge it is easy to lay down indications as to the prophylaxis and treatment of this disease. The former would consist, first, in the prompt diagnosis and thorough treatment of all cases of cerebro-spinal fever; second, the isolation of cases; third, the identification of carriers and the destruction of the meningococcus in these. It is much easier to state these indications than to carry them out. The treatment will be reserved for consideration last.

While the isolation of all cases should be rigidly enforced from the epidemiology of the disease, it is apparent that rigid quarantine measures are not desirable and experience has proved their futility. In times of extensive epidemics public gatherings should be discouraged and all those children who are most likely to become carriers should be excluded from school.

The identification of carriers is a very difficult matter and impossible without the services of a skilled bacteriologist. The presence of numerous Gram negative diplococci which resemble the meningococcus morphologically

and culturally renders the identification of the latter impossible without extensive bacteriological investigation. It is also difficult to determine the value of the various measures which have been suggested for the destruction of the meningococci in carriers in the prevention of the disease. It has been proposed to destroy the organism in the nasopharyngeal membrane by the use of the antiseptic sprays, such as Dobell's solution, Argyrol, etc. Some observers in Baltimore have also claimed good results from spraying the nose and throat with anti-meningitis serum. It has also been proposed to protect from the disease by the production of an active immunity through the subcutaneous injection of the meningococcus vaccine. The fact that so many people are naturally immune, as well as other facts which have been mentioned as to the epidemiology of the disease, renders an opinion as to the efficiency of this measure quite difficult. It is true that Sofian and Black have claimed to have demonstrated a rather high degree of immunity in the blood of vaccinated individuals. It seems to me, however, that further confirmation of this work should be desirable before forming any definite opinion. In as much as urotropin is said to be excreted as formaldehyde by the cerebro-spinal meningitis, this agent has also been used internally as a prophylactic as well as a curative agent.

The favorable reports from all parts of the world from the use of a serum prepared according to method of Flexner establishes beyond all doubt its beneficial and specific effect of anti-meningitis serum injected intraspinally in the treatment of the disease. As soon as the diagnosis is made, or even if upon lumbar puncture a cloudy fluid is obtained, the serum should be at once injected. It is thought by some that the dose had best be gauged by the amount of serum removed, or, as has been suggested by Sofian, controlled by the simultaneous observation of the blood pressure. A falling blood pressure of 15 to 20 mil. being an indication to stop the injection of the serum. According to the age of the patient, will be from 15 to 30 c.c. of the serum. If the case should prove to be meningococcic the serum should be injected every day for four days, and after that until bacteriological examination of the blood shows the absence of meningococci. I have several times injected more than four doses, and one one occasion as many as nine, with recovery of patient.

In connection with the specific serum treatment, I think it is always well to administer by mouth urotropin, and, of course, resort to such symptomatic procedure as may be required.

Both with respect to the carrying out of the measures which have been suggested for the prevention and treatment of the disease, it is manifest that someone especially trained in bacteriological methods and in the technic necessary for the carrying out of these measures is desirable. I believe in all those communities where epidemics prevail, a much more rational procedure would be for the health officers to put this work in charge of some man who, with competent assistance, could carry out these measures. Certainly, it would be much better for the community and the patients, and probably much cheaper in the long run, than to spend money unnecessarily in trying to enforce old-fashioned quarantine regulations.

DISCUSSION.

Dr. Blanks (Dermott)—I would like to ask the doctor to please explain if the getting better is not characteristic of the disease. If, when they are first attacked, they do not get better for a few days and then relapse into a moribund stage.

Dr. Bryant (Lewisville)—Dr. Blanks has voiced my sentiments exactly. I was going to ask Dr. McElroy in his final remarks to state whether or not there is any positive evidence that it is a contagious disease. To my mind, there is some considerable doubt about it, and I attribute most of the attacks more or less to fright. There is so much panic elicited in such emergencies. In Texas they shot a man down for crossing the fixed quarantine line. This is all that meningitis could have done to anybody. I think the remedy is worse than the disease.

Dr. Garrison (Little Rock)—I think the Arkansas Medical Society is to be congratulated on having Dr. McElroy read such an excellent scientific paper on such an important subject. Meningitis is a treacherous and freakish disease. We do not understand all we know about it. In view of several questions which have been asked, I would like to give you a little information that I have received from the Public Health Service in regard to their experience. They give the names of a number of patients who received three immunizing doses who developed the disease after the vaccination. These cases, however, were mild. It would therefore be illogical to draw the conclusion that vaccination is a specific. There were cases where the immunizing doses were given and the meningococci disappeared very rapidly; but there is not sufficient data at present, I think, to justify us in drawing any definite conclusions.

However, I think it is not bad practice to administer the bacterin, but I do not think it ought to be mandatory. I would also refer to the administration of urotropin as a prophylaxis, as I want to condemn it, because one of the most efficient health officers in this country quite recently said that there would be echoes from that epidemic in Dallas for twenty years to come, due to the promiscuous administration of urotropin as a prophylaxis. On account of the danger attending the administration of this remedy, we would recommend spraying the nos-

trils and fauces. The doctors should administer this themselves. We recommend many things; but the patient must apply them. I think it is wrong to recommend the use of urotropin on account of its injurious effect upon the kidneys, as is borne out by investigation during the past. I think the ideal method of administration of the serum is by gravity, especially in inexperienced hands.

Right here is a point: It occurs to me that as doctors in these epidemics of disease, we should be very careful to practice what we preach. I have been embarrassed a number of times by the query, "Doctor, why do you quarantine us and put us under close restriction, while the physician comes and goes without taking any precautions whatever?" That puts it straight up to the doctor. Whether it is right or whether it is wrong to establish quarantine, I do think we should set an example for the laity that will not reflect discredit upon us as doctors. If we are going to recommend certain sprays at certain times, when a doctor visits a known case of meningitis, he should spray his throat and nose before he leaves that house, as a sign of good faith. We are going to encounter opposition and should place ourselves beyond criticism in the matter of attention to details.

Dr. Carmichael (Little Rock)—I have enjoyed Dr. McElroy's paper very much. I have been considerably interested in the subject of meningitis for some time. His remarks in reference to clear fluid leads one to infer that he was not dealing with meningitis infection; I think it was lentic. I think in a great number of cases characterized by clear exudate, the prospects are, upon centrifugal examination he would find very few pus cells with very few meningococci.

I wish to disagree with him in one particular, that most all parasites of the diplococcic and micrococcic family resemble in morphology the meningococcus. The differentiation by Gram stain, in my opinion, would usually be sufficient for diagnosis.

I do not think that in a sporadic case even a Gram stain is sufficient for diagnosis. It might be gonococcic or staphylococcic, still it would not be meningococcic. I think in testing for meningococcic infection from the spinal exudate we should not rely on Gram stain alone. I believe we should go further and confirm it by culture test.

In regard to carriers, I believe we have ten cases of infection where we have one carrier—about that proportion.

Two or three years ago, when I was treating most of these cases, I was not able to demonstrate meningococci in every case brought to my care, but it was only in a few of them that I was not able to demonstrate meningococci in the nasal, the fauces or throat secretions. Very few of these cases came down with the disease.

With reference to the number of cases in a family that are exposed, I have seen a number of cases in the same family. For instance, one of my first cases was a mother who had an infant only two months old. In a week after the mother came down with meningococcic infection, we found this infant developing what appeared to be meningitis. In a few days after that one of the older children, a boy about three years old, had it—three cases in about two weeks.

I had another case; a grown man came down, and after a few days the mother came down. On the fifth day after the onslaught when I saw him, he died. His mother, who was with him constantly, developed the disease in a week afterward. I gave her the serum on the first day and she recovered. I believe she would have died but for the prompt treatment.

In another instance I had four cases in the same family, coming on from one to two weeks after the first case. The doctor here mentions a number of cases where he thought it was streptococcic infection, but it strikes me that it was meningococcic. It would not have developed in the first two or three days.

I remember a case of meningococcic infection, a boy of six. The doctor gave him four doses of serum and he reached a point where he sat up in bed; had taken nourishment and was doing nicely. About twenty days from the last injection of the anti-meningococcic serum he began to complain of headache; more fatigue with rise in temperature. The exudate had been entirely free of meningococci for several days, and the doctor thought from naked eye investigation it could not be meningitis, and was of the opinion that perhaps it was malaria. In twenty-four hours from the return of symptoms I made lumbar puncture and found the fluid turbid, with as many meningococci in it as on the first puncture. The fluid from the last puncture seemed to the naked eye to be perfectly clear. We cured this patient on four doses of serum, yet within twenty days' time there was nothing to make a more positive diagnosis, where the fluid was as turbid as on the first puncture. I believe the most reliable guide is to repeat these tests and give four or five doses of serum. I would not rely entirely upon the microscopical appearance, but would safeguard my diagnosis by confirmation with centrifugation and by the culture test—preferably the culture test. I believe if we found only a few meningococci in the exudate after it had been subjected to centrifugation, we might make a culture. If we only had one or two germs on the culture medium we could get a growth.

I believe in giving the serum every twenty-four hours as long as the fluid is cloudy; but I would not depend absolutely upon the microscopic appearance of the exudate after the serum has been administered. I do not believe we should wait for bacteriological diagnosis. Even if on our first puncture the fluid seems clear to the naked eye, I think we should give our first dose of serum right away. If it is not meningococcic infection, the 30 cubic centimeters of serum is not going to hurt anything. You do not get much reaction from it, and we have at least twenty-four hours' start if it proves to be meningococcic infection. It is not safe to rely on the clear fluid. Give them the first dose right then, and while you are at it get a specimen of exudate, and if it appears to be meningococcic infection, continue your serum. Of course, if it proves to be something else, your anti-meningococcic serum is not indicated.

I wish to thank Dr. McElroy most heartily for his excellent paper.

Dr. M. S. Dibrell (Van Buren)—It is a very nice thing for those who have the facilities to speak of demonstrating the meningococcus in the spinal fluid; but we are not all living in the cities where laboratories are to be found, nor are all of our offices supplied with microscopes. Some of us are country doctors and have not the necessary facilities for demonstrating meningococcus in the spinal fluid. Dr. Carmichael has just said, do not depend upon the color of the fluid, as the meningococcus has been demonstrated in the clear fluid. Some of us are prepared to make these examinations, but the majority of us are not. My experience with meningitis has been more or less limited. My recoveries have been about 50 per cent where the anti-meningococcic serum was used. In three of these cases the spinal fluid was very much like buttermilk in appearance, and in all cases the serum was administered. Six of them had the serum and three of them recovered. One died in the acute stage after apparently recovering. Was conscious and sitting up in bed whittling on a stick; the following day he died suddenly, probably from acute dilatation of the heart. The other two died of chronic meningitis, one of them probably from insufficient administration of the serum. One

of them had the serum four times. The father of the child absolutely refused to have it given any more. The three cases recovered very promptly. Two of them had three doses of thirty c.c. each. One of them had only one dose. This one was fifteen miles from any railroad station. I went out there and found turbid fluid; gave him one dose of serum and he promptly got better. The physician in charge was not entirely familiar with administering it, and did not give him any more. I think that one of the most important things to be considered in the administration of the serum is absolute cleanliness. Unless we can secure that I do not think the serum should be given.

During the time I speak of, I carried my emergency case for meningitis alone, a package of towels, cotton and sterilized gauze. Whenever the package was opened it was taken back to the office and resterilized and kept in the grip constantly. The dressings were wrapped in very heavy toweling and then wrapped in a double canvas cover and sterilized en masse. Without the exercise of abundance of caution we might get infection in the spinal canal from lack of cleanliness, which would probably be more detrimental to the patient than meningitis.

In 1898 we had the most virulent type of epidemic of which I have any knowledge. I remember seeing four cases in one family and three in another, all of whom died in a few days in the acute stage.

I would like to ask the essayist in his closing remarks to give us his technic of administering the serum; whether it is by injection from a syringe, or the gravity method.

Another thing that we do in administering this serum is that after we get the fluid out we are in too big a hurry to get our serum in. In my opinion, we ought to administer the serum very slowly. I usually time my movements and consume at least fifteen minutes in administering thirty cubic centimeters of serum. I have never administered an anesthetic before giving the anti-meningococcic serum. I usually spray the area at which the puncture is to be made with ethylchloride. The patient usually complains very little when the needle is passed through.

Dr. Carmichael (Little Rock)—I would like to ask one question as to his technic in dealing with dry canals, and if he has ever had any experience in washing out dry canals with normal salt solution before administering the serum.

Dr. Ogden (Little Rock)—I wish to take exception to the remarks of two of the doctors who have discussed the paper. The first was Dr. Carmichael. I understood him to say that a culture was necessary for recognition of it; that dead staphylococci would be Gram negative. I do not recall having seen any staphylococci that was Gram negative, unless it were the result of autolysis. In making microscopical examination of spinal fluid for meningitis, if you find turbid fluid, containing pus cells, and if within those pus cells you find diplococci, and if you want to go a step further and use Gram test for diplococci, and find it negative, you have all the evidence that is necessary to warrant you in going ahead and treating that patient as a case of epidemic cerebro-spinal meningitis.

We find the same picture in pus from the urethra in acute gonorrhea. It cannot be distinguished from the meningococcus pus from the spinal fluid drawn off. Under the microscope the meningococcus is practically identical with the diplococcus of Neisser found in pus from acute gonorrhea. Pneumococcus, staphylococcus and streptococcus are Gram positive organisms. Meningococcus and gonococci are Gram negative. For the purpose of making a diagnosis from the secretions of the nasal passages and throat, I think it would be essential to use a culture. These are purely for academic precision, and, by the way, are not necessary.

I may as well say we are all country doctors, most of us practicing in rural districts; therefore we cannot confirm our diagnosis of tuberculosis by examination of the sputum, nor our diagnosis of nephritis by finding casts and albumen in the urine. That is true of those who do not possess a microscope; but for those who do have some facilities by which they can confirm their diagnosis of tuberculosis by examination of the sputum, of nephritis by examination of the urine, or some of the other similar methods of microscopic diagnosis, there is no excuse for not confirming their diagnosis of meningitis by some of these means, because the technic is no more complicated.

Dr. A. B. Bishop (Ashdown)—I can remember a number of cases where there were no precautions taken to prevent it from spreading and there were no other cases in the families. I remember a case that occurred some thirty-two years ago—a niece of mine—she died of what was called cerebro-spinal meningitis; she got so before she died, that her head and heels were drawing toward each other, so much so that pressure on her could not straighten her. There was another sister in the house two years older that did not take the disease, and no precaution was taken to prevent it.

The diagnosis of the case was entirely by the symptoms. There were no other cases in the town.

Several years after that I was called to see a man who had been plowing all day. It was cold and disagreeable; he went to the wood pile and the other two men who were with him went into the house. They missed him, and on searching for him found him at the wood pile unconscious. They said he had not complained at all during the day. I gave him iodide of potassium and fluid extract of gelsemium in large doses, and by midnight he could move about, and the next morning he was conscious.

About a year ago a small boy, a nephew of mine, at Nashville, Ark., took meningitis. I sent word to a friend of mine to give him iodide of potassium. After a day or two they got some serum and used three treatments and he recovered.

There were two other cases in the town. One of the other cases used the serum and recovered, and the one that did not get the serum treatment died.

No other members of that family took the disease, and no precautions were taken to prevent it. I believe it to be infectious, but I do not believe it to be a contagious disease.

Dr. G. A. Causey (Swifton)—I wish to say that I have been very much interested in the discussion of this most excellent paper. I had some experience with an epidemic of cerebro-spinal meningitis in our (Jackson) county last winter, following the epidemic at Lepanto. The people became so frightened that an appeal was made to the county judge for help, and I was appointed to lead the campaign against this dreaded disease.

I wish to emphasize what my friend from Jonesboro has said with reference to the use of the anti-meningococcic vaccine to render immune those exposed to the disease. I used it in forty-three cases that were exposed, and none of them developed meningitis.

This epidemic we had could be traced with a considerable degree of certainty as coming from Lepanto because there were three workmen who seemed to be running from the quarantine at Lepanto, came to this county and developed the disease soon after arriving. The disease spread from one settlement to another until there were fifteen or twenty persons who developed cerebro-spinal meningitis. Perhaps, altogether, there were about a hundred persons in the county who took the anti-meningococcic vaccine

as a prophylaxis, and not one of them, so far as I know, developed the disease.

The serum treatment by lumbar puncture was not very successful, however; it may be because the treatment was given in most cases late. I believe this treatment should be given early.

Public Meeting of the Little River County Medical Society.

ADDRESS OF WELCOME.*

By Hon. A. D. DuLaney,
Ashdown.

Mr. President, Ladies and Gentlemen, Visiting and Home Physicians:

I want to congratulate the physicians present upon having so many of your patients who are able to attend this meeting this afternoon. Some how or other I have a very kindly feeling for the physicians and surgeons. I was ushered into this world by a beneficent old brother who bore the title, and expect, with the help of the undertaker and the clergy—a number of whom are present this afternoon—and the physician who may happen to be in charge, to be ushered out of this world, and it is to be hoped that all of the patients which you gentlemen may attend may reach the river and meet the Great Physician of whom our chaplain has just spoken.

It is an event in Little River County to be marked, and distinctly marked, when the physicians of this county come together for the purpose of better fellowship, better organization, for the purpose of giving unto each other ideas, theories and practices of their profession, and not only unto themselves, but to the general public. I say to you that it is indeed a time in Little River County of which we should well be proud.

To you visiting physicians I want to say that our home physicians here, all of whom we love and trust, are among the best of your profession. It is indeed a mark of respect, it is indeed a mark of professional interest that you have come from your homes for the purpose of associating with us at this time. Upon behalf of our home physicians, upon behalf of all the people of this city, upon behalf of the city government, upon behalf of the beautiful and splendid ladies who so bountifully fed you at luncheon, I bid you welcome; and upon behalf of Little River County, I want to say that we are glad to have you with us.

Now, it is unnecessary for me to continue to repeat words of welcome, or to attempt, if possible, the use of eloquent language.

For a number of years I have been intensely interested along some lines of your work here, because these lines of work fall at the door of every man and every individual. I have been intensely interested along the line of hygienic questions, and in some instances have been termed a "hygienic crank," and say to you that each and every day physicians in this country, in this county and this state are handing out free, and without cost, absolutely without cost and without the asking, an immense amount of information that is intensely vital and valuable to every citizen in every community. Our physicians go about day after day, giving us advice, which, if heeded, would tend to the betterment of our health, happiness, wealth and prosperity. I really think the physicians give out more free information, probably excepting the clergy, than almost any other professional men. As these physicians go out over the country roads here, just any ordinary person can stop them on the byways and highways and ask any kind of question he wants to ask, and the doctor readily hands out the needed information and makes no charge therefor. I say to you that our doctors give us information upon questions of public health, public sanitation, hygiene, etc., that is absolutely vital to the very best health interest of the community, and give it free. We have found that physicians, and the people generally, are beginning to know and realize that the physicians do not undertake to create a condition that tends to produce ill health, but are constantly working to bring about a condition which will produce better health conditions. Now, it would seem at first blush that this method would be against the physician's best interest, in a financial way; but this is a mistaken idea, for I want to say to you that the time is coming when this question will be considered of such vital importance that when we go to build a home, with reference to the hygienic conditions and surroundings of that home, we will call in the health officer of our community just the same as we now consult a carpenter or an architect with reference to the construction of that home, and I want to say to you that when that time comes to pass, when we manifest

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that degree of interest and concern about the conditions surrounding our homes, where we live and have our being and raise our families, that then we will have a better condition of health, in a better community.

Very few doctors miss anything good, but they don't get all the good things free, because each and every one has his share of hardships. Why, when I view one of the distinguished and learned practitioners—I presume the oldest practitioner in the county—Dr. Dunn, who is here this afternoon, my mind goes back to the early days in Little River County, when we were without railroads, and when the only means of transportation was by horseback or in some vehicle, over the flats and through the swamps and the burning sands, to relieve the sick and distressed of this country—when this country was practically a wilderness. I say to you, ladies and gentlemen, that we do not have the proper appreciation of the profession of medicine, when they go as messengers of mercy into every home in the community. We do not send for the physician when the sun shines; we send for him when the shadow falls. We do not send for the physician when there is brightness in the home: we send for him when sorrow visits us. And I say to you that every true physician comes not only as a great healer into the family, and into the home, vested with the most vital relation that can be occupied in the home, aside from that of the parents themselves, but he comes there as an angel of mercy.

I said that physicians never missed anything, which recalls to mind a little story I heard recently where a physician was called in to see an old darkey, and when he got there, on inquiring of the darky as to his condition, found that another physician had been there just a little while before, and the last physician, undertaking to ask the darky some questions as to what the other physician had done for him, said: "Sam, what did the other physician do? Did he take your temperature?" And the old darky answered: "No, sir, Captain; I don't know whether he took my temperature or not: I hain't missed anything yet except my watch."

Now, in Ashdown we have some physicians absolutely above par. A few nights ago I was calling after supper, over in the home of one of the physicians here, and while we were all sitting around the fireside the phone rang; he answered it, and came away in a very great hurry, and said that he was very sorry to leave us, but that he had a very important call and must go at once. As he started out the door his wife said, "What is the matter?" and he said, "Oh, I can't tell you; it is a very important case; every moment is important; there are already three other physicians there." The next day while downtown—if you will pardon me for telling tales out of school—I found that it had been a game of penny anti, and there were already three physicians there and they needed the fourth. Of course, it was an important case.

Gentlemen of the profession, I want to say to you that as a layman I consider that as a physician your first duty is to your patient, your second duty is to yourself; but when a physician goes into the home, he should honestly make a diagnosis of the case, do it carefully and with that degree of precision and accurateness which will enable him to properly arrive at what is the matter with the fellow. His duty is to that patient, absolutely. He does not owe a duty to public sentiment; he does not owe a duty to some other physician, as to what he may say about it. Being a professional man myself, I know that more or less we undertake to keep our ear to the ground, to ascertain what the public is going to say; we undertake to keep our ear open, to ascertain what others of the profession are going to say; but I say to you, absolutely regardless of what anybody else thinks, the physician in charge owes a duty to his patient first, and next he owes a duty to himself—a duty to the patient to give that patient the very best that is in him, and if he considers that the patient needs more attention or help than you feel you are able to give him, it is then your duty to call in and hold a consultation with another physician, in order that your duty to the patient may be properly carried out.

It is your duty to yourself to be honest with the patient, to be honest with yourself. We often think that the physician gives us very strange answers to some of our questions. I dislike to see a professional man—it makes no difference whether in your profession or that of the law—running about over the community, boasting and blattering about the number of patients or clients he has. So sacred is the relation between an attorney and his client, and between the physician and his patient, that the public is not entitled to be advised as to its nature. It is one in which the public should not be interested, and that relation should be kept absolutely sacred.

It is often hard for a physician to tell a patient the absolute truth with reference to that patient's condition. It is often hard for a physician to convey to the relatives of the patient the absolute truth with regard to that patient's condition, and when it is demanded that the truth be given, then it is left with you gentlemen to convey the truth in a way that will do the least harm.

Now, I do not want to invade upon the province of any other gentleman who is on this program this afternoon, but while on this point I want to say that it is absolutely the duty of the patient to give to his physician the absolute truth with reference to his condition, and I say that on account of my experience as an attorney, that when a client comes into my office and fails to disclose to me the absolute truth with reference to his case, he makes a mistake, and somehow or another, attorneys have gotten into the habit of discounting statements of their clients, because the answers of their clients are so liable to be influenced by personal interest in the matter in controversy. So I say, with reference to patient and physician, the patient should give his physician the absolute truth in regard to matters and conditions which exist. If we would do this we would often prevent our physicians from making mistakes—even if mistakes are made—and we are not wholly blameless or without errors, any of us—and these very mistakes could be avoided if men and women who call upon the aid of physicians would give that physician the absolute truth with reference to his or her condition.

Gentlemen of the profession, above all, have a high regard for your profession. Raise the standard and your profession to such a degree that the time will come in Little River County, as well as in any other place, when the physician, as he walks along the street, will command the absolute respect of its citizens. Raise the standard of your profession to such an extent that the finger of scorn cannot be pointed at any member of it. Raise it not only in a moral way, but professionally, from a standpoint of qualifications. This ought to be true in each and every profession, and can be applied to any other profession as well as your own. Now, to do that you have got to do just exactly what any other professional man must do. You must first have a self-respect and self-esteem, and carry these in the presence of those among whom you move, with reference to your work in your profession and your daily life to such an extent as to be akin to the "Great Physician."

Now, gentlemen of the profession, I want to say that we are wonderfully glad to have you here, and I am indeed pleased to see the ladies and visitors present, and to see the high school class of our public schools here, and to know that you are going to say something that will be beneficial to these young men and women. We must teach the young men and women of this country especially along the line of better hygiene and its kindred lines, because I want to say to you that some of us who have lived longer than these young people have are so "sot in our ways" that you may preach just as much as you please, but we will never get away from the way we have been living all these years, and you will still find the trash around our doors and disease germs lurking about our premises, and the best thing for us to do is to talk to the younger generation.

Gentlemen of the profession, it may be that some of you will never be with us again, but, at any rate, I want to tell you that we will be glad to see you back here at any time.

From my profession I want to say to you that you administer to the physical wants and to the estate of the person in his lifetime; the clergy undertakes to do the same thing, but we lawyers usually administer upon the estate of the person after you have turned him over to us. So you can see that so far as we are concerned, our profession is in the better position, because we always get the last word; but, strange to say, following the rule of our probate courts in this country, we absolutely establish, beyond a question, the credibility of every physician as a witness. It sets him up in the community as a man of absolute truth, and as I heard one probate judge remark when a physician's bill for last services rendered to the deceased before his departure into the unknown world was filed, it was without the usual affidavit, and the court said that it was unnecessary for the physician to swear to that, because, since the man was dead, it was sufficient evidence that the doctor had administered to him.

ADDRESS OF WELCOME ON BEHALF OF THE LITTLE RIVER COUNTY MEDICAL SOCIETY.*

By T. T. Shackelford, M. D., Foreman.

Ladies and Gentlemen, Visiting Physicians and Members of the Little River County Medical Society:

Allow me first to thank Mr. DuLaney for his address. It is one that gives us all thought, not only our profession, but the layman as well.

Now, to the visiting physicians, in behalf of the Little River County Medical Society: It is indeed a pleasure to welcome you here, and we hope you understand how much we appreciate having each one of you with us.

To the ladies and gentlemen: It is indeed a great pleasure to welcome you to this meeting, and I trust that each of you realize that this meeting is especially for your benefit. In arranging our program this afternoon, it was our endeavor to so arrange it that you would be more benefited as our patients than we as physicians. And, too, I wish to state that we have been very considerate of the people of Little River County in arranging our program, and have arranged it in such a way that you will be able to listen to men who are not so familiar to you, perhaps, as your family physician. It is our intention to bring before the public, not only the importance, but the necessity, of organized medicine. When you have heard the program, we trust that you will have a much better feeling for the medical profession as an organization. It is our intention to eradicate some of the ideas some may have in regard to the medical society meetings.

Now, again, allow me to thank you for your attendance. It makes me feel that you really have an interest in the profession and are willing to help them in the upbuilding of the health of Little River County. And I will take this opportunity to thank the ladies for their royal way of entertaining us. It was indeed appreciated.

If you want to go by the special train leaving at midnight, May 18, notify the secretary at once. The special goes only if enough delegates and members are secured to make it pay.

*Delivered before a public meeting of the Little River County Medical Society, held at Ashdown, February 3, 1914.

ORGANIZED MEDICINE.*

By Preston Hunt, M. D., Texarkana.

There is hardly but one side. We have to consider one particular statement and digest thoroughly, this one saying "that all people are co-dependent one upon the other." We are coming to realize more and more the full importance of organization in all lines. I am going to stop and ask you once more to digest that one important fact in life—that we are all co-dependent one upon the other. You take the minister. He is co-dependent along with his membership; the attorneys at law are co-dependent along with their clients; the teachers in the school are co-dependent along with their pupils and patrons; the one could not exist and progress without the assistance and support of the other. You take the Sunday schools; there the teachers and pupils are equally co-dependent. In fact, in all our great factories and all our great industries of every kind and character, the great successes in life are the result of co-operation. I came along through the beautiful streets of your city, and noticed a poster upon a corner there about "Organization and finance made up of $55,555,000.00." Think of it, ladies and gentlemen. What is an organization? It means the collective efforts, the systematic progress of all things toward a certain object that we wish to attain. Then I will stop and ask you why the railroads are organized, and why are all of our great commercial interests organized? Why are the labor unions organized? Why do our ministers in the cities have an organization that meets on each Monday morning? The answer is not far to seek. It is for the upbuilding of the moral and religious status of the community, for the upbuilding and advancement of your citizenship, and for the welfare of your hereafter.

The legal bar is organized. Now, I want to digress just a little, and ask you to note that the ministers' organization is not for the benefit of themselves. I did not say for their own benefit, and I wish you would carry that in your mind as we go along. The legal bar is not organized, alone for personal advancement or aggrandizement. They are organized in order that they may study the questions of law that will be best for their clients; organ-

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ized that they may be better able to present to your body of representatives in the capital those subjects of legislation which are needed most; organized in order that they may accomplish greater things and make greater progress along the lines of civilization.

We might go on and ask why the armies are organized in great countries. They are organized for the purpose of representing the claims of their commonwealth, not only for the purpose of presenting the claims, but also for the purpose of enforcing those claims, if necessity demands it, in the name of right and justice for which they stand.

We will come on down to the medical organization, and will invite your attention to one thing, that while not so important to you, is nevertheless true, and that is that the medical profession is not organized for personal aggrandizement, nor wholly organized for personal protection, nor the advancement of fees or their own cause, except so far as their cause is co-interested with the cause of their clientele. The medical profession can best serve the public by well-organized societies, proceeding along a line of systematic work, and practicing the science of medicine and surgery according to the best plans that may be devolved by the greatest minds of the profession. The medical profession is organized for the purpose of studying science and medicine and for the purpose of devising ways and means by which to advance the interests of the laity and to mitigate their sufferings and diseases with which they have to contend. Were the medical profession organized for the purpose of advancing their own interests, wholly, there is no telling to what end they might reach, and there is no telling what the outcome might be. It would result in the deterioration of the profession, the deterioration of the health of the community and sorrow and regret to all.

I have been working in organized medicine for fourteen years, and permit me to say that never has the advancement of fees been discussed at but one meeting during that fourteen years. Just once, and that related to nothing more than the advancement of the night fees. The day fees were untouched. And I want to say to you, for your information, that while all other things in the way of high living, the high cost of living or the cost of high living, any way you want to put it, have all advanced with great strides, from 10 to 150 per cent, say, the last ten or fifteen years, that the medical fees today are the same as they were twenty years ago, with but very few exceptions.

Now, this brings out the question of who is worthy to become a member of the medical profession, and who should be a member. Every man who is interested in the medical profession should so conduct himself that he would not only be admitted to a medical organization, but that his membership would be sought by the organization. The man who fails to conduct himself in a just, upright, clean and honorable manner is not worthy of the profession; neither is he worthy of the organization. Let me review some of the effects of "organized medicine" during the last fifteen years. About fifteen years ago—I will say twenty years ago, and shall keep within that bounds—all that was necessary for a man to get out and practice medicine was to attend college one short course of four months, where they were very crudely taught the active properties of the different drugs and the psysiological effect of the different drugs and a smattering idea of the human anatomy, entirely inadequate to prepare them for their great life work. There were no state boards of examiners, no laws to prohibit them from hanging up their shingles and dishing out medicines and bringing about results such as have just been mentioned by Mr. DuLaney—that of somebody having been attended by a physician who had turned him over to the undertaker. Why, we would not be surprised at such results today, if a man were permitted to practice who had only been studying medicine and surgery for four short months—a man illiterate and wholly unprepared to enter college, given the privilege and legal authority to practice medicine and deal with the health of the people of the community. Why, we would consider it a crime. Organized medicine has brought about a different state of affairs today. We have what we call an edified scale upon which to practice the profession. We have advanced what we call "standard medicine." Now, instead of permitting a young man to just "hang up his shingle" as it were, he has to study to enter the profession. In the greater majority of the first-class colleges of the country, he must possess some degree of an education, must have accomplished certain courses, and must pass an examination before he can even be permitted to make application to a medical college, and after being admitted, and after passing, say, four years of hard study, con-

sisting of a nine months' course to each year, instead of only four months' study, for only one year, as previously, he is not yet permitted to practice medicine, but must go before a board of capable, learned and experienced physicians and pass an examination along the line of practical subjects, not only along the line of theoretical ideas they have been taught in the colleges, but they must pass upon the practical subjects, and if he fails to make his grade, as we term it, he is not yet permitted to practice medicine upon the people of the state.

Now, I want to invite your attention to one thing that organized medicine has brought about in this line of advancement. We have seen the organized physicians working in harmony and in sympathy with the public and the people among whom they live, that laws may be enacted for the betterment and advancement of their fellow-man, perchance even making a special trip to Little Rock for that purpose, spending their own time and money in the cause. Let me say a few things along this line, and I say it especially for the benefit of the laity, and particularly for the voters. In your own state, the great State of Arkansas, two years ago when the profession all over the state was working hard, spending their own money which they had been working hard for, in an effort to induce the legislature to pass a certain law to prohibit the practice of just any ordinary quacks and inefficient physicians among our people, and after having expended considerable money—and many of us spent our own money going to Little Rock to confer with our legislators, trying to secure the passage of this certain act—we finally felt that we had won our point and all went home feeling satisfied that our duties had been well performed, and lo and behold, before the bill reached the governor of our state for his signature, it was stolen by a layman. I mention this little instance just to call to your attention some of the difficulties with which our profession has to contend, in order to bring about better conditions for the people we serve.

Somebody has said that it is not directly against the interest of the profession, in a financial way, all of our work along these lines of hygiene, better living, the laws of advancement and a higher altitude of morality, but I want to say to you that it is a mistaken idea; for if the medical profession were mercenary in their intention they would permit the people to ignorantly destroy their health and go on without advising them and refraining entirely from quarantine laws in the time of great epidemics such as smallpox and yellow fever, thereby allowing these dangerous contagious diseases to enter upon the thresholds of the homes in our community and the inhabitants to become infected and be overcome by the disease and lose their lives, and if not lose their lives, to at least make great bills to the physician. The physician's financial condition would then be served, if he permitted that condition to exist, and the physician could best advance his own financial affairs, could best enhance his own welfare, financially, and best care for and throw the protecting hand of financial sustenance around his family by permitting large numbers of people to become infected with these contagious diseases, thereby creating more work for himself and necessarily necessitating greater charges and the collection of more money; but it does not take a financier or more than the ordinary man to see that the physicians do not entertain such ideas. They do not entertain a thought of advancing their own interests. Every physician who is a true physician is at all idle moments, almost universally, figuring, studying and planning for the protection of those who "know not what they do." For this reason I want to appeal to the ladies and gentlemen out of the profession, and ask them this afternoon to resolve in their hearts that they will give greater support to the profession in the future than they have ever found it necessary to do in the past.

There are so many things that the doctor does for the laity for which he hopes to receive no remuneration, and so many moments he spends, working for the laity, free of charge, spending his own money, leaving his own home, permitting his own family to go without his association, that I feel that the laity owes the profession more than it will ever be able to pay.

Now, ladies and gentlemen, I will ask that you forget that a physician says these things, and ask that you pardon the remarks coming from a professional man, for I assure you there is nothing personal in my heart, and nothing that appeals to me more than to see the physician working for the interest of the public, regardless of the remuneration. For some reason or another, all of us get along in life, you may notice, the physician, the laity, the lawyer and the ministers, whether

we have a great deal or small amount of this world's goods, for if we are clean in our lives, upright in all things and our conduct is proper, we are always happy, and the accumulation of wealth is not the greatest thing in this life. The advancement of health and benefit to the public which he serves is the greatest reward which the physician hopes to reap here.

Now, I want to thank the physicians of this county for the honor they conferred upon me in requesting me to address this meeting. I naturally feel flattered; would be inhuman if I did not, and I hope I have said some few little things which will draw the laity closer to the physicians and cause them to feel that we are co-dependent upon the other and that we will in the future work hand in hand, for the best results will never be attained otherwise.

PRESERVATION OF PUBLIC HEALTH*

By L. H. Lanier, M. D.,
Texarkana.

Mr. President, Ladies and Gentlemen, Members of the Little River County Medical Society:

You will pardon me if I seem not to say something that will interest you, because I did not expect to be on the program. I presume I am on the program because some of those who were expected are not here. However, the subject of "The Preservation of Public Health" is one that has not interested me alone. It has interested all of us, and especially the physicians. If we will go back in history to the dawn of creation, we will find that just such subjects interested Moses, one of the first of the great Bible characters. We ordinarily ascribe to Hippocrates the honor of being the father of medicine, but I think that honor is altogether unduly conferred. I believe that if we will go back to the time of Moses, it would be quite right to place this distinction upon him. It was he who first taught us what we know of public health and hygiene, as learned from the Bible. It was he who promulgated theories and principles and put into practice things that we observe today as being exceedingly common doctrine. Then, when we come on down through the Bible history, as it relates to medicine, we find that there are many others promulgating just such theories and putting into execution just such practices with reference to the preservation of the public health. It is certainly a fact that they were not as proficient as we are today. However, they did the best they could, and the best they knew, and that is what we are endeavoring to do here today.

I made a few notes, not having prepared a paper, and I shall occasionally refer to them.

This subject should occasion serious thought on the part of every one of us, when we are met here for the purpose of discussing subjects that so vitally interest all of us. You know, and all of us know, that where you have a great aggregation of people, the public health is in danger. It certainly is a fact that the larger number of people who are brought together in any limited area, the more prone will that zone become to sickness and disease—more so than where you find a place sparsely settled, and for that reason it is especially necessary for us in cities and towns, in villages and in every place where more than one family is located, to be especially careful to look well after the disposal of all offal, to look after the sewerage and to look well after everything that will tend to prevent the spread of disease.

The subject of hygiene and sanitary science is one that today is attracting more attention than any other one subject that we read of. That is, that the laity reads of. You cannot pick up a journal, a magazine of any consequence today, or even your daily paper, if it is a good one, and look all through it without finding something pertaining to the preservation of the public health. You will find in the "Ladies' Home Journal," the "Woman's Home Companion" and all our popular magazines, articles by doctors who have made a life study of these subjects, and things written to enlighten the public upon these vital subjects. And it is well that it is so, because in this country we are rapidly coming to the point where the problem must be solved. In Europe—take, for instance, the British Isles, composed of Scotland, England and Ireland, and all those three countries being no larger than the State of Arkansas, where great numbers of people are brought together in a limited area. They realized, many centuries before we did, the necessity of looking well after the "preservation of the public health." It was my good fortune, a few years ago, to go over that country and make some little

*Delivered before a public meeting of the Little River County Medical Society, held at Ashdown, February 3, 1914.

study of the conditions as they exist there, and I found that they—not only the profession of medicine, and every man in the medical profession, but the laity as a whole—were especially interested in just such subjects as we are met here today to discuss. I remember going through the museum of the Royal College of Surgeons, in that section devoted to comparative anatomy. I saw on the great shelves in the great, long corridors there 22,000 skulls. Those skulls had been brought there from all parts of the world, and gathered from all races of people who had existed in all ages. They were put there alongside of the skulls of the monkey specie, of the ape, the orang-outang, the chimpanzee, for the purpose of comparing them, and especially for the purpose of comparing the skulls of people who existed in the prehistoric ages to the skulls of those existing today, and the chimpanzee and monkey of today and former days. They were placed there that people might observe these things, and more especially to observe that as civilization has advanced and we have used hygienic and sanitary precautions and have increased our sphere of usefulness, as we have grown in moral stature, the configuration of the body and the configuration of the head has assumed more symmetrical proportions. It has been found, when you go back to the Egyptian mummies, and compare the configuration of their skulls with the skulls of the people of this enlightened age, or with that of people who lived only a few generations back, you will find that the configuration of the heads are very different. That is, they are the same, without you closely study them, for as we have increased in mentality and intellectual faculties, our skulls, as it were, have expanded and assumed more symmetrical proportions. These things show what the country is doing to enlighten the people. This place is open for every one. They can go there and see. They also have departments devoted to public health, hygiene and sanitary science and various subjects that would interest one, and it would be surprising indeed for you to go there and go through those institutions and see how many of the laity, not the medical profession alone, but how many of the people, from every walk in life, are going through those various places, trying to acquire some knowledge of the greatest thing in the world—one's self.

One can scarcely study hygiene and sanitary science without realizing the necessity of having a good, clean body; and that reacts advantageously in many ways, because it gives to us a pure mind, and pure thoughts must inevitably proceed from a pure mind and an undefiled body.

It is a fact, if we go back in history, and not so very far, either, that diphtheria, smallpox, scarlet fever and the various other contagious diseases that we have to contend with, were absolutely causing a death rate that was alarming. We find such great medical lights as Pasteur, Lister, Koch, Simon Flexner and a few others in this country devoting their lives and their time to an effort to solve this problem—the problem of what is best to do to preserve the public health. It has not been long in this country, and certainly within the memory of a great many of you present, that we had smallpox, causing great epidemics, but such occurrences are now a thing of the past. We occasionally have an isolated case of smallpox, but we have to thank Jenner for his great smallpox vaccine. It has certainly reduced the death rate in smallpox until it is practically nothing. It is the rarest thing in medicine to hear of a death today from smallpox. Only a few years ago you heard of them, and a hundred years ago there were millions of deaths from smallpox.

Only one of the examples of what preventive measures have done to preserve public health is the construction of the Panama Canal, which is regarded as the greatest engineering and human feat ever accomplished.

Each of you know that it is a fact that the government places a certain valuation on every man, woman and child in this country, and if a man or a woman, or a child for that matter, is diseased, maimed and unable to go about his or her daily work, or whatever they are accustomed to do, so far as contributing their share in keeping up this great country of ours, then the government figures that they are a liability instead of an asset, for they become a charge on the state and government.

Occasionally today we find people, whose brain, as it were, is a vacuum, or perhaps with an intense air pressure which resists an effort on our part to force knowledge into it. There seems to be an air pressure in there that forces out anything you might wish to put in there, in the way of something that might contribute to their own welfare or the welfare of the community, and such cases we occasionally find, say, for instance, in Christian Science, where a parent with a

little child with diphtheria will allow it to be treated by a Christian Scientist. I have known of several instances, and could mention specific instances where little children with diphtheria have been allowed to die after being treated by a Christian Scientist, when that child could have been saved, had it had perhaps only one injection of antitoxin; and when we think of those people who are willing to shut out the life of a little child, snatch the pink from its cheek, the luster from its eye and hush its merry laugh, we are bound to think that those people are in sad need of education, especially along the lines that we are talking of today.

"No day can be so sacred but the laugh of a child
will make the holiest day more sacred still.
Strike with hand of fire, O wierd Musician,
Thy harp strung with Apollo's golden hair.
Fill the vast cathedral aisles with symphonies
sweet and dim, deft toucher of the organ keys.
Blow, bugler, blow, until the silver notes do touch
the skies
With moon-lit waves, and charm the lovers wandering on the vine-clad hills.
But know your sweetest strains are discords all,
Compared with childhood's happy laugh,
The laugh that fills the eyes with light and every
heart with joy."

Environment certainly has a great deal to do with our public health. Coming into your city this morning, I noticed many things that are admirable, but one thing I noticed that I dislike to mention here, because I think you have a beautiful little city and I know that you have a good citizenship, but this one thing in particular is a great eye-sore; it is that great lot of garbage and tin cans and things that have been hauled out and dumped down in that beautiful little meadow that might be made a beautiful park and resting place in your city. It was just as we came in this morning, right close to your depot. Those cans retain water, and are the finest place in the world for the growth of germ life. They are the known habitat of the mosquito. The mosquito lives in just such places. Germs certainly must have moisture and absence of light to grow. No germ grows where you have a full flood of light, and no germ grows without moisture, and if you will prevent moisture and give a flood of light to any place, you can certainly prevent germ life.

There are many things to consider in the preservation of public health. Up in Wisconsin this year, or rather last year, they passed a eugenic law. I know most of you are familiar with the subject of eugenics. It is being talked all over the country. This subject is certainly one that you should know of, but if you have already known something of it you will be more ready to appreciate what I have to say to you concerning it. As I have said, they passed a law in Wisconsin last year—and may we hope that they may pass one in every state in the Union—making it absolutely necessary that every applicant for a marriage license go to his or her physician, be it man or woman, and stand an examination for a health certificate before they can obtain a marriage license. This is one of the best laws that was ever put on the statute books, for the simple reason that today we have people who are tubercular in nature, and we have people with specific diseases, we have people suffering with constitutional maladies that are incurable, we have people suffering with cancer, with diabetes and Bright's disease, and various other diseases, who are daily marrying, when they are firmly within the grasp of some constitutional disease that will soon sap their vitality and soon render them unable to make a living, and they must inevitably become a charge upon the state and government. Then, too, we find that in such homes love cannot exist. One might say for the sake of a little sentiment, "Oh, I love him so that even though he has tuberculosis I am willing to marry him anyway." But when we get to that point where we allow sentiment to take the place of good common sense, then I say that we are sadly in need of just such talks as we are having from these various men here today. Love is certainly all right, and I will not try to discount its value. There is nothing more beautiful in life than an old couple, for instance, going down the hill of life, to the song of birds and the music of children's laughter. Certainly we like it. We all like to see it, but still we say that every man and woman who marries today ought to be a healthy man and a healthy woman, and they should not marry until they have a certificate from a physician stating that they are healthy, and that they are capable of assuming life's great responsibilities which are assumed in a marriage vow. I do not believe it right for a man who is a drunkard—I do not believe it is right for a man who has not the proper aspirations to show himself morally right in the community—to assume the responsibility of properly taking care of some innocent little woman, when he is incapable

of making her a living by reason of his physical incapacity.

There are many reforms taking place in this country, especially in an industrial way, toward the betterment of conditions in our penal institutions and in our asylums. Only a few years ago a great reform swept over this country, which we refer to as the "prohibition wave," which did much good; but other things are equally important.

Take, for instance, the men who are confined in the penitentiaries of our country, for some minor crime, perhaps to be confined there six months or a year. He is put there in a dark cell, and a great many times he is there all day, as well as all night. He is shut out from the light, shut out from the sunshine. Perhaps he had a good physique when he went in there; perhaps he was able to do any kind of work. He is put there for six months or a year, only, and in numerous instances he comes away tubercular; in numerous instances they come away absolutely unfit to become anything except a charge of the state and government.

Our insane asylums have been disgraceful, and we have in Texas today a law recently enacted, that if carried out in every county will certainly hold Texas up to the people of the United States as being a state thoroughly abreast of the times, and that is the enabling of every county in the State of Texas to erect a county hospital, by the issuance of bonds, for the purpose of giving tubercular and insane individuals and other people suffering with contagious diseases, a clean and sanitary place to live while they are trying to be cured; and I would certainly like to see every state in the Union enact a law which would make it possible to do this very thing. Today if a man becomes insane or has a little temporary mental aberation, it is the custom to go and get him and lock him up in jail, usually a place not the most sanitary and hygienic to be found in the country; and, by the way, it certainly is pleasing to notice this nice little institution you have over here. It seems that the people in this county and town are alive to the necessity of providing prisoners and insane people with a proper place to stay until some satisfactory disposition can be made of them.

It is necessary in the education of the people along the lines of public health to mention another thing of importance, and that is alcoholism. Alcoholism has made more perverts, more degeneracy, more idiocy, more insanity, more misery and poverty than any one agent ever known in the history of the world. There is absolutely no good that can come of the use of alcohol, whiskey, wine or beer, at any time or anywhere, and it never did any good to anybody in the world. As a practicing physician, I want to say that I have never seen any individual helped one particle by alcohol in any form, and we have many stimulants and many agencies that will serve the purpose, and any and all purposes, and better purposes than alcohol, and we physicians rarely ever prescribe it today. I am giving this as my individual idea. I don't think many of them prescribe it. I know they don't in Arkansas, because a great many of them cannot get it.

The subject of heredity is one which should engage our most serious thoughts. Heredity is a thing that is certainly good or certainly bad. If we read after Dr. S. Weir Mitchell, sociologist, great medical light and medical novelist, in fact one of the greatest physicians who has ever lived in this country, we find him giving us the history of one alcoholic individual who lived in Philadelphia, a very wealthy man, who had two children. These children inherited a predisposition to alcoholic drinks. The history shows that the young man was a moral reprobate. He married into a good family and went to San Francisco to live. The daughter was a dipsomaniac. A dipsomaniac, I will say, is a child born with an insatiable desire for drink. It is a desire that cannot be overcome. They are absolutely not responsible for it. We have all seen these people who drink, and have wondered why they do not take the Keeley cure or some other cure; but it is absolutely impossible to eradicate that taste from them. So this daughter was a dipsomaniac and this son a moral reprobate—this man and woman born of this alcoholic man. The son goes to San Francisco and raises a nice family. This daughter seeks to acquire all the property left by the father, and sets about studying medicine that she may improve her methods in her heinous plot, and we find her sending whistles, little toy whistles out to San Francisco, to be used by her brother's little children, and that they were infected with Klebs-Loeffler bacilli, the germ which causes diphtheria, and when they blew the whistles they contracted diphtheria and were lost from it. We find her attempting to destroy her brother and he atempting to destroy her. Then we find her wanting to

get rid of her own mother, in her crazy, insane desire to possess all the wealth of the family, and she takes her mother up into the Sierras, great high mountains out West, and realizing that her mother was old and that the process of aretrio-sclerosis or hardening of the arteries had set up, and this woman figures out that if she took her mother up there in those high mountains where the air is extremely rare, that it would cause her mother to have a rupture of the veins in all probability, and she would die. And she did take her mother up there, and what she had thought and planned would happen did happen, and her mother's death immediately followed.

Such crimes as these we hear of every day, and wonder why it is. If you would go back and study the history of these people you would find something wrong with the parents, something wrong with their lives, lives that should have been so ordered that their children would not have been brought into the world. Persons who do these things today—crimes similar to the one just related—who are locked up in our penitentiaries and institutions for the insane, are really not responsible, in many instances, for many of the crimes committed.

If we go back in history we find that the Greeks and Spartans were doing some of the things that the good people of Wisconsin are trying to do. The Greeks and Spartans were having a little rivalry many centuries ago, to see which race of people could bring into the world the most perfectly developed children, and they were so physically perfect that today they are the ideals of our sculptors and artists. They carried the work to such extremes that in those days they not only prohibited marriage because of constitutional disease, but they absolutely beheaded all the crippled and imperfect children, and got rid of them in that way.

It is not necessary for us today to resort to such strenuous methods to eliminate these imperfect people from our midst, but it is necessary to enact laws which will provide for only the physically perfect to marry and propagate the human specie.

There is one other thing that we should be careful about, and which the physicians especially should be careful about, and that is the drug habit. We should be particular in prescribing drugs, that we do not make drug fiends. We have all over this country today men in poverty and misery who have been made drug fiends, not purposely or intentionally by any physician, for there is no physician in the world who would purposely cause any individual to become a drug fiend, but there are many drug fiends, and many of them because some physician has given him narcotic drugs for the purpose of allaying his pain, when perhaps some other agency might have done equally as well.

The tobacco habit is another thing that is not only fraught with danger, but is at times a nauseating habit—I mean nauseating in the sight of some women; most men seem to like it all right. Tobacco, some people say, is not injurious, for we occasionally have men eighty-five or ninety years old saying they have smoked all their lives and feel well and hearty, with apparently no bad effects from the tobacco, and that they are glad they have had that much comfort and pleasure out of the weed. Perhaps that is true; but I know as a physician—so far as it relates to my line of work—and know positively that it is capable of doing much harm. I have had people come to me with tobacco amblyopia, unable to see 200-foot letters at even ten feet away, and in almost every instance where I take the tobacco away from them, in a week's time, if they absolutely abstain from the tobacco, the trouble has been relieved.

Tobacco not only affects the eyes, but it affects the throat, the heart, and affects various other organs; and if you could only see the men making this tobacco! Last summer while in Chicago, on one occasion I watched men making cigars, and every once in a while he would lick his fingers and then stick them down into a very dusty little jar of some mucilaginous substance, for the purpose of putting the wrapper on, and this little mucilaginous material is the finest breeding place for germs in the world. I immediately threw my good 10-cent cigar out in the street—and was only taking a dry smoke, by the way, and did not have it lighted—and have not had but two or three in my mouth since then. I know these men know nothing about hygiene or sanitary science of germ life, and know nothing about the necessity for being careful in making things that go into other people's mouths. I believe things that go into other people's mouths ought to be clean, and these cigars were not clean and there is very little tobacco I have ever seen that is clean.

I should like to say, ladies and gentlemen, that in your school life, or rather in the school

life of your children, that they have the opportunity to acquire knowledge that will be of value to them throughout the rest of their lives, and you as parents, you as father and mother, ought to be especially interested in anything that will contribute to their well being, and as their sponsor, I would like to say, ladies and gentlemen, that the subject of eugenics, hygiene and sanitary science can be taught them in your home or in the school without any possibility whatsoever of transcending beyond the bounds of propriety, and I think that is absolutely the place it should be taught. It is absolutely not right to allow a young boy or girl to grow up without acquainting them with the various physical phenomena with which the Creator has endowed them, and build up their normal stature so fine that they will have enough courage and enough good convictions to come out without being tainted. You ought, too, to instill into them an optimistic vein, and never pessimism.

You ought to instill into the minds of your children, not only these hygienic and sanitary sciences, but also instill within them an effort to succeed in life. You know it was Napoleon who said "impossible" was not in the dictionary; said he looked all through it and never saw it and never found it. And I want to say this, that a sickly man cannot succeed in this life, because it takes at this day, and in this strenuous age, an exceedingly good physique to resist all of the various diseases which we come in contact.

I want to say a few words in regard to what is being done in suppressing infectious and contagious diseases. In this county, in Miller County and every county of the state, we have had men sent to us to study the hookworm. We have had men come to us who are experienced in that line. They have gone all over the country, into the remotest districts, and found many people suffering with hookworm, and have taught these people how to absolutely do away with it. Not only how to cure the disease, because it can be cured, but how to prevent it; and I consider this one of the greatest things that has been done in this country in many years.

We have another disease—pellagra—which is certainly ravishing the minds and health of many of our best men, women and children in this country. Pellagra, I am sorry to tell you, we do not know so much of. We know something about its treatment. We do not know how to check its spread, except to observe ordinary hygienic precautions. However, the number of cases, according to the population, seem to be less today than they formerly were.

So far as yellow fever is concerned, yellow fever, as well as smallpox, is rapidly becoming a disease that may soon be known only in the history of medicine. We have had some of the greatest martyrs that have been known in history. Talk about martyrs in other professions and talk about martyrs in history, but they have never had any to compare to those men we sent out to Havana and down into Cuba to make a study of yellow fever, who, to demonstrate to the people that a certain variety of mosquito did absolutely convey yellow fever, went inside of screened cages and permitted that certain variety of mosquito to bite them and lay down and died from the effects of yellow fever. They did this to demonstrate to the people of the world that that mosquito did cause yellow fever. And what is the result? The building of the Panama Canal today is certainly one of the greatest monuments ever erected to man. We went into that country when it was teeming with pestilence, slime and filth, and if we had not been shown the necessity of screening and the necessity of observing these sanitary precautions, the Panama Canal would not be so nearly finished as it is today—would not have been built at all.

Tuberculosis.—We find today that we are absolutely able to cure tuberculosis. We find today that we cannot always prevent it, but that if it has not gone too far, we can certainly always cure it. Tubercle bacillus finds its greatest enemy in good, rich, red blood. We find that if we live out of doors, or if we raise the windows if we live in the house, and let the pure, fresh air and sunshine into our homes; if we drink milk and eat eggs and such diet as tends to build up your red blood corpuscles, that that germ may be destroyed. We do not know just how it attacks the tubercle bacillus, but we know that if we have good, pure, rich blood that the tubercle bacillus cannot live.

A few years ago we used to think that people suffering from scrofulous glands could not be cured, but now we know that we can take a little glycerine and carbolic acid and inject it into the glands and absolutely cleanse the parts of disease.

We are also making great strides toward accomplishing what we have looked for so long, and that is the cure of cancer. We do

cure, today, many cases of cancer, and I feel sure that it will not be long until we will be able to accomplish even greater results along this line.

Now, ladies and gentlemen, while I am up here I want to thank Dr. Hunt for his excellent paper on "Organization." Organization, the mighty force that causes great men to weave at the loom of civilization and threads the destinies of nations and causes us to come out with a united effort to uplift suffering humanity.

Now, with all respect to the many other admirable manifestations of the fraternal spirit among men, pardon me if I say that the fraternity of medicine, the men in medical organizations are today, I believe, doing more for the uplifting of humanity than any other people in the world.

I want to thank you, ladies and gentlemen, for your kind attention, and I want to thank my brother physicians for the honor they have conferred upon me in asking me to say something at this meeting.

GALL-STONES.

After mentioning the difficulties of detecting gall-stones with the Roentgen ray, G. E. Pfahler, Philadelphia (Journal A. M. A., April 25), describes the technic employed by him to meet them and sums up his paper in the following: "1. Gall-stones can be shown only when they are composed of a substance of greater or less density than the surrounding tissues. This will usually mean that they must contain some lime-salts, though this quantity may be small. 2. My records show positive findings in 74 per cent, but I believe in general one cannot count on more than 50 per cent, being demonstrable. I believe that a negative diagnosis at present has no value. 3. It is possible that with the improved technic, when we find the gall-bladder small, and still find no stone, it may become of some value in negative diagnosis. 4. The estimation of the value of this method of diagnosis must be based only on the work of roentgenologists who have mastered a good technic, and who are thorough in their work. 6. Definite information will be obtained only by continued co-operation of the surgeon and the roentgenologist. 6. In the future I believe that we shall obtain valuable information concerning the liver and spleen by the roentgen method described."

TRANSFUSION.

B. F. McGrath, Rochester, Minn. (Journal A. M. A., April 25), points out the benefits derived from direct transfusion and its better physiologic support. There are two methods of direct transfusion, one in which a tube is used as an intermediary between the vessels and the donor and recipient, and the other in which the intima of the vessels of both are directly connected. The latter is the most physiologic, since the blood comes in contact with no foreign substance and is transmitted in its normal condition. He mentions a device of his own for the indirect method which has been experimentally effective. It is a modification of the Aveling apparatus, and consists of a rubber bulb drawn out into two cannula tips. He also describes a forceps cannula for the direct method, consisting of two very short cannulas applied to one another by means of an ordinary forceps made suitably small and delicate for the work. The principle of cuffing the vessels as employed in the Soresi instrument is adopted. Qualities claimed in its favor are sureness in transmitting the blood in its normal condition and comparative ease of application. Vascular suture for transfusion has been used to a very limited extent, but cases are encountered in which the object is best accomplished by it. Because of the possible indication for this, any apparatus facilitating vascular suture and serving to simplify its technic is worth considering. He figures an apparatus for this purpose of suturing vessels either in transfusion or for other purposes. He says that, bearing in mind the possible difficulties, the operator attempting transfusion should be prepared to meet every obstable that may present itself.

SPINAL-PUNCTURE NEEDLE.

I. Strauss, New York (Journal A. M. A., April 25), describes and illustrates a spinal-puncture needle designed to do away with the objections to the three-way cock commonly employed in such instruments. In other respects he says it is somewhat similar to the Kausch instrument. There is a manometer attachment, and the control of the fluid used or drawn for examination is made by adjusting a stylet.

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Anonymous communications will not appear in the columns of this Journal, no matter how meritorious they may be.

Editorials.

THE EL DORADO MEETING.

The official program for the El Dorado meeting is printed on another page in this issue of The Journal.

Headquarters will be at the Garrett Hotel, where delegates are required to register and receive their official badges.

The general sessions and meetings will be held at the courthouse, convenient to all hotels.

There will be plenty of social entertainment. The local lodge of Elks, good fellows all, will assist the Entertainment Committee in entertaining the members and visitors. They have offered their beautiful building and lodge rooms as entertainment headquarters and there will be a daily round of receptions, dances and other pleasures for the ladies and gentlemen.

A special train leaving Union Station at midnight, May 18, will be run if a sufficient number engage accommodations. The same arrangement can be made for the return trip, leaving El Dorado immediately after the banquet.

Those desiring to avail themselves of this opportunity must wire at once to Dr. C. P. Meriwether, secretary, Little Rock.

Some very distinguished guests of the society will attend the meeting, men high up in the profession whom it will be pleasant to meet and profitable to hear. Among them are: George W. Crile, Cleveland; George Dock; Vilray P. Blair, St. Louis; C. C. Bass, New Orleans; J. A. Crisler, Memphis; Sam E. Thompson, Carlsbad; and Boyd Cornick, San Angelo.

UNION COUNTY MEDICAL SOCIETY.

Apropos of the fact that the annual meeting this year is to be held in El Dorado, a brief sketch of the history of the Union County Medical Society is in order. One of its charter members, its first president, Dr. Morgan Smith, has since been active in state medical affairs. He is secretary and state health officer of the State Board of Health, dean of the Medical Department of the University of Arkansas, and two years ago was president of the Arkansas Medical Society.

The Union County Medical Society was organized and chartered in 1902 as the result of the efforts of eight loyal physicians of the county. At the first meeting organization was effected by the election of Morgan Smith, president; vice president, R. A. Hilton; secretary and treasurer, J. B. Wharton; delegate to the Arkansas Medical Society, Morgan Smith.

The society has always been on the active list of county societies. At its organization its time of meeting was fixed for the first Monday in each month and has never been changed. Two of its members, Dr. H. H. Niehuss and Dr. R. A. Hilton, have represented the Fifth District in the Council of the Arkansas Medical Society. Dr. Hilton has been chairman of the Council and Dr. Niehuss has served as editor of The Journal of the Arkansas Medical Society, while the services of Dr. Morgan Smith have already been referred to.

With that kind of material and others of the same caliber composing the membership, it is not surprising that the society has been a progressive one and of real usefulness. Its meetings have not been merely perfunctory. At every meeting members have been designated to prepare papers for the next meeting;

quizzes have been the rule at all meetings, individually and as a society; the members have been active in promoting health measures in their own county, and in the state organization have been found fighting for progress and helping to secure legislation for the better sanitation and health of the state.

Best proof of all of the activity and progressiveness of the Union County Medical Society lies in the fact that it secured for El Dorado the 1914 meeting of the Arkansas Medical Society.

The members of the Union County Medical Society and the citizens of El Dorado have gone to much trouble and expense to entertain us at the meeting. It is up to every member individually to show his appreciation by attending.

AS TO VIVISECTION.

In the recent vivisection trial in Pennsylvania which engaged the attention generally of physicians, both the prosecution and defense were surprised when the presiding judge called attention to the fact that the statute against cruelty and torture of animals made no exception on the ground of the infliction for scientific purposes. Naturally, perhaps, the letter of the law was overlooked on the theory that its intent was to punish only wanton and needless cruelty.

But there was testimony to the effect that needless and wanton cruelty was inflicted in that dogs, after being incised, were permitted to linger and suffer instead of being promptly dispatched when they had served their purpose. Without going into the merits or demerits of vivisection, it may be said that the carelessness or callousness of some vivisectionists in regard to the needless suffering of their dumb subjects has given strong argument to the opponents of vivisection.

If helpless dumb creatures must be sacrificed to the cause of science, common humanity demands that a minimum of pain be inflicted and that the animal be put out of its misery immediately after the demonstration ends. Instances are not lacking of animals after incision being put aside, still under the influence of the anesthetic, and allowed to recover consciousness and drag themselves around in misery for hours. This sort of cruelty is inexcusable and unpardonable in a profession whose chief purpose is to relieve suffering.

One of the features of the El Dorado meeting will be the organization of county secretaries as a permanent body. Every secretary should be there and join.

Do not stay away from the meeting on the theory that you "never will be missed." If all were to excuse themselves on that ground there would be no meeting.

Even though it entails some little inconvenience and expense, do not fail to attend the El Dorado meeting.

The way to have a big meeting is for every member to attend. It is made up of units, remember.

Unless otherwise announced, all meetings of the Arkansas Medical Society will be held at the courthouse during the El Dorado session.

The alumni banquets and reunions will be announced during the three days' sessions of the State Society at El Dorado.

It is sure every one will have a good time, both from professional and social viewpoints, at the El Dorado meeting.

Make the El Dorado meeting a record-breaker for attendance and otherwise.

Take your wife with you. The good ladies of El Dorado will see to it that she is entertained.

Last call for the El Dorado meeting, May 19-22.

Will you be there? Where? El Dorado, of course, May 19-22.

When you reach El Dorado register at the headquarters at the Hotel Garrett.

It is necessary to register before you receive your official badge.

Lots doing at the El Dorado meeting. Receptions and dances every afternoon at the Elks' Lodge building.

Don't forget that the House of Delegates meets on the morning of the first day, May 19. This being the legislative body to which reports are submitted, each delegate should make it a point to be on hand.

Editorial Clippings.

RELIABLE MEDICAL INFORMATION.

In order to insure reliable medical information for the lay press, the American Medical Association, through its Council on Health and Public Instruction, together with the publicity and press measures of a few of the State Boards of Health, the people are gradually looking for articles on subjects pertaining to their general welfare.

The American Medical Association in its central office has on hand a very large accumulation of reprints, pamphlets and books from which information on health problems may be gleaned. The difficulty of distribution among the lay classes still exists, and it can be attained only through the public press. The newspapers, however, are apparently willing to print anything that is attractively written, but, not infrequently, they grasp at information which is not altogether reliable, and is sometimes misquoted or distorted. This is not the fault of the press, but can be directly traceable to the reporter who attempts to send out information over the Associated Press wires when he is not possessed of sufficient discrimination to know what is reliable or of the greatest interest. His main idea is to get something startling into his paper. He usually quotes from some speaker at a meeting who does not have an opportunity to revise or re-edit what the reporter thinks he has said. Under the circumstances the public get a distorted and abnormal idea of what doctors do and say. All this could be obviated if the Council on Health and Public Instruction could get their reprints into the hands of the newspaper men; or, if the Bureau of the State Board of Health would use a little extra caution, the information that they send out could be absolutely relied on.

The American Medical Association has re-recently issued a public health series of pamphlets, all written by men who are specialists of renown and whose information can be accepted as accurate and reliable. For instance, one reprint on the "Control of Cancer," by Bloodgood of Baltimore, would probably do a great service, not only to the medical profession, but to the lay people as well, for his article was printed for public perusal. Another one of the series deals with the "Municipal Regulation of Milk Supply," and was written by Dr. Jordan, the professor of bacteriology, University of Chicago. Drs. Wood and Allport of Chicago have an extended series of reprints on the eye and its needs. The one, for instance, by Dr. Allport deals with "School Children's Eyes," and others with "Lenses and Refraction," the "Care of the Eyes," "The Eye and Its Functions;" also one on "Death and Blindness from Wood Alcohol Poisoning," by Dr. Wood. These are supplemented by articles written by other well-known men, like Hiram Woods of Baltimore, who writes on "Eye Strain;" "Wearing Glasses," by Dr. Lancaster of Boston; "Industrial and Household Accidents to the Eye," by Dr. Gifford of Omaha; "The Relation of Illumination to Visual Efficiency," by Dr. Alger of New York; "Auto-Intoxication of the Eye," by Dr. Bruns of New Orleans; and "Trachoma in Eastern Kentucky," by Dr. Stucky. Then, too, the series contains a reprint of laws prohibiting fraudulent advertising.

The American Medical Association also issues a set of cartoons to be used in the illustrations of public health work. It would seem as if the medical profession would show sufficient interest in this work to send for various reprints which are in the process of distribution, and introduce them to their local editors, who doubtless would be ready to fill up space with something that was helpful and reliable. These reprints are all sensible and not sensational; and they would in no wise disturb the equilibrium of the reader, but would put him in possession of facts that would be exceedingly beneficial.—The Journal-Lancet.

THOSE MEMBERS WHO HAVE NOT PAID THEIR 1914 DUES NOW STAND SUSPENDED. THIS WILL BE THE LAST ISSUE OF THE JOURNAL OF THE ARANSAS MEDICAL SOCIETY THEY WILL RECEIVE, UNLESS THEIR DUES ARE PAID AT ONCE TO THE SECRETARIES OF THEIR RESPECTIVE SOCIETIES.

Personals and News Items.

Dr. Homer Scott of Little Rock has moved to Bauxite.

Dr. and Mrs. C. R. Shinault are visiting in Horn Springs, Tenn.

Dr. A. D. Knott has moved from Wilmot, Ark., to Murry, Utah.

Dr. P. A. Riddler of Fort Smith is attending the Mayo clinics at Rochester, Minn.

Dr. M. G. and M. G. Thompson, Jr., have returned to Hot Springs after a short stay at Ashdown.

Dr. Robert Caldwell and Dr. William A. Snodgrass recently attended a meeting of the Faulkner County Medical Society at Conway.

All pharmaceutical preparations advertised in this Journal have been approved by the Council on Pharmacy and Chemistry of the American Medical Association.

Dr. Loyd Thompson, director, Arkansas Pasteur Institute and Hygiene Laboratory, has moved his office to the Urquhart Building, Little Rock.

The following physicians visited in Little Rock during the past month: M. C. Hughey, Rector; G. S. Brown, Conway; W. S. Stewart and B. D. Luck, Pine Bluff; W. H. Abington, Beebe; S. S. Beaty and J. C. Chenault, England; W. H. Toland, Nashville; E. T. Bramlitt, Malvern; C. H. Dickerson, Conway; R. A. Hilton, El Dorado; W. R. Brewer, Ola; G. A. Warren, Black Rock; R. Q. McClure, Glenwood; H. H. Darnell, Columbus; I. H. Erwin, Newport; W. T. McCain, McCrory; J. H. Stidham, Walnut Ridge, and W. S. Baldwin, Guion.

Read over the advertisements; it's worth while. Write to these people for more detailed information about the things they promote. Tell them that you saw their advertisement in The Journal of the Arkansas Medical Society. Let's pull together. Favor those that favor us.

THE AMERICAN SOCIETY FOR PHYSICIANS' STUDY TRAVELS.

The American Society for Physicians' Study Travels will make its first tour immediately after the close of the next meeting of the American Medical Association, starting from Atlantic City June 26. The complete itinerary can be obtained upon application to the secretary, Dr. Albert Bernheim, 1225 Spruce Street, Philadelphia, and it will be found to promise an interesting, pleasant and profitable outing to all participants. The objects of the newly formed organization are in the main to afford an opportunity to make the best use of one's vacation, time and money, in seeing cities and health resorts, and gaining practical knowledge of their institutions—medical, historial and municipal—as well as to attend clinics, demonstrations, lectures, illustrated with lantern slides, and public addresses.

In addition, however, many sight-seeing trips have been arranged for, and the path of the society lies by rail and water through a section of this country and Canada abounding in picturesque, sylvan and grand scenes, so that the tourist, whatever his individual taste, will enjoy the advantages of healthful recreation en route. It is believed that American physicians and their wives will appreciate the benefits of these tours, which have become so popular, both in Germany and France, where they are undertaken even more than once annually.

Early bookings, through the secretary, 1225 Spruce Street, Philadelphia, are urged, in order that satisfactory accommodations can be secured for all who desire to participate.

STATE HEALTH OFFICER RESIGNS.

Dr. Morgan Smith has tendered his resignation as state health officer, said resignation to take effect June 1, 1914. The board will meet some time in May to fill the vacancy caused by Dr. Smith's resignation.

AMERICAN PROCTOLOGIC SOCIETY.

The sixteenth annual session of the American Proctologic Society will meet June 22-23, 1914, at Atlantic City. Hotel Chalfonte will be the headquarters and place of meeting. The medical profession is cordially invited to attend all meetings.

FOR SALE—One Wantz X-ray Coil, manufactured by the Victor Electric Company, one Western Coil, 16-inch, manufactured by the Schiedel-Western Electric Company. Both machines suitable for therapeutic and heavy radiographic work. In perfect condition, and at a reasonable price. Address, Dr. A. M. Zell, Urquhart Building, Little Rock, Ark. (Advertisement.)

UNHAPPY MARRIAGE AND SEXUAL DISORDERS.

A monograph written by Dr. M. G. Thompson of Hot Springs. Price, $1.00. Mail all orders to Dr. M. G. Thompson, Jr., Hot Springs, Ark. (Advertisement.)

PROGRAM.

Thirty-Eighth Annual Meeting of the ARKANSAS MEDICAL SOCIETY El Dorado, Ark.

May 19, 20, 21, 22, 1914.

Officers.

President—Frank B. Young, Springdale.
First Vice President—L. E. Moore, Searcy.
Second Vice President—S. L. Steer, Hot Springs.
Third Vice President—F. G. Richardson, Heber Springs.
Treasurer—Wm. R. Bathurst, Little Rock.
Secretary—C. P. Meriwether, Little Rock.

Officers of Sections.

Practice of Medicine—Chairman, C. J. March, Fordyce; secretary, J. S. McGraw, El Dorado.

Surgery—Chairman, C. S. Holt, Fort Smith; secretary, Earl Hunt, Clarksville.

Obstetrics and Gynecology—Chairman, R. L. Saxon, Little Rock; secretary, O. B. Ward, England.

Pathology—Chairman, F. B. Kirby, Harrison; secretary, L. O. Thompson, Little Rock.

State Medicine and Public Hygiene—Chairman, J. L. Green, Little Rock; secretary, C. W. Garrison, Little Rock.

Dermatology and Syphilology—Chairman, J. L. Chesnutt, Hot Springs; secretary, J. M. Proctor, Hot Springs.

Diseases of Children—Chairman, N. E. Murphy, Clarendon; secretary, A. R. Hederick, Booneville.

Councilor Districts and Councilors, 1913-1914.

First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties. Councilor, M. C. Hughey, Rector. Term of office expires 1915.

Second Councilor District—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White Counties. Councilor, L. E. Willis, Newport. Term of office expires 1914.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff Counties. Councilor, T. B. Bradford, Cotton Plant. Term of office expires 1915.

Fourth Councilor District—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln Counties. Councilor, E. E. Barlow, Dermott. Term of office expires 1914.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union Counties. Councilor, J. S. Rhinehart, Camden. Term of office expires 1915.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier Counties. Councilor, C. A. Archer, DeQueen. Term of office expires 1914.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant Counties. Councilor, J. F. Rowland, Hot Springs. Term of office expires 1915.

Eighth Councilor District — Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope Counties. Councilor, W. A. Snodgrass, chairman, Little Rock. Term of office expires 1914.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren Counties. Councilor, A. M. Hathcock, Harrison. Term of office expires 1915.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington Counties. Councilor, J. T. Clegg, Siloam Springs. Term of office expires 1914.

Delegates to the American Medical Association.

Morgan Smith, Little Rock (term expires); W. V. Laws, Hot Springs (term expires 1915).

Alternates—A. U. Williams, Hot Springs (term expires); Carle E. Bentley, Little Rock (term expires 1915).

Committee on Arrangements.

L. L. Purifoy, El Dorado, chairman.
H. H. Niehuss, El Dorado, secretary.
R. A. Hilton.

Committee on Scientific Program.

Wm. R. Bathurst, chairman, Little Rock.
A. E. Harris, Little Rock.
C. P. Meriwether, ex-officio member, Little Rock.

Legislative Committee.

R. C. Dorr, chairman, Batesville.
J. A. Foltz, Fort Smith.
R. A. Hilton, El Dorado.
President and secretary, ex-officio members.

Board of Visitors to the Medical Department of the University of Arkansas.

W. F. Smith, chairman, Little Rock.
W. S. Stewart, Pine Bluff.
M. C. Hughey, Rector.

Committee on Trained Nurses.

J. P. Sheppard, chairman, Little Rock.
St. Cloud Cooper, Fort Smith.
M. Fink, Helena.

Committee on Necrology.

R. H. T. Mann, chairman, Texarkana.
O. Howton, Osceola.
F. Vinsonhaler, Little Rock.

Committee on Health and Public Instruction.

Olive Wilson, chairman, Paragould.
Charles H. Cargile, Bentonville.
H. N. Dickson, Paragould.

Committee on Sanitation and Public Hygiene.

T. B. Bradford, chairman, Cotton Plant.
B. A. Fletcher, Augusta.
M. D. Ogden, Little Rock.

RAILROAD TIME TABLES.

Iron Mountain train service between Little Rock and El Dorado:

Leave Little Rock	7:40 A. M.
Arrive El Dorado	2:10 P. M.
Leave El Dorado	6:40 A. M.
Arrive Little Rock	1:15 P. M.

Rock Island train service between Little Rock and El Dorado:

Leave Little Rock	8:10 A. M.
Arrive El Dorado	1:20 P. M.
Leave El Dorado	1:40 P. M.
Arrive Little Rock	6:55 P. M.

ANNOUNCEMENTS.

There will not be any reduced rates on the railroads for this meeting, but the present 2-cents-a-mile rate will equal our former special rate.

There will be a special Pullman train leaving Little Rock Monday night, May 18, at 12 o'clock, arriving at El Dorado at 7:30 a. m., Tuesday, provided we have one hundred passengers; and reservation must be made from the secretary, C. P. Meriwether,

308 Southern Trust Building, Little Rock, not later than May 10.

Hotel Garrett will be the official headquarters and registration office, where you will register and receive badges and programs.

ENTERTAINMENTS.

Will be announced by the Entertainment Committee each morning.

PUBLIC MEETING.

Symposium on Tuberculosis, Wednesday evening, 8 o'clock, Lyric Theater.

The Committee on Necrology will hold a public memorial service Thursday evening at 8 o'clock, at the Baptist Church.

NOTICE.

All papers read at this meeting are the property of the Arkansas Medical Society, and should be handed to the Secretary of the section as soon as read.

Papers are limited to twenty minutes in their reading. All discussions limited to five minutes.

TUESDAY, MAY 19.

First Day.

10 A. M.

First meeting of the House of Delegates, courthouse.

Morning Session.

Calling meeting to order.
Invocation.
Address of Welcome—S. J. McGraw, president Union County Medical Society, El Dorado.
Appointment of Committee on Credentials.
Recess of ten minutes.
Report of Committee on Credentials.
Calling roll of delegates.
Reading of minutes of the last annual meeting.
Appointment of Reference Committee.
President's address to the House of Delegates.
Report of Committee on Scientific Program—Wm. R. Bathurst, Little Rock, chairman.
Report of Committee on State Legislation and Public Policy—R. C. Dorr, Batesville, chairman.
Report of Visitors to the Medical Department of the U. of A.—W. F. Smith, Little Rock, chairman.
Report of Committee on Trained Nurses—J. P. Sheppard, Little Rock, chairman.
Report of Committee on Necrology—R. H. T. Mann, Texarkana, chairman. (To report at a special meeting to be held Thursday night at 8 o'clock, as per special resolution passed by the House of Delegates at the Hot Springs meeting.)
Report of Committee on Health and Public Instruction—Olive Wilson, Paragould, chairman.
Report of Committee on Sanitation and Public Hygiene—T. B. Bradford, Cotton Plant, chairman.
Report of Delegates to the 1913 Meeting of the American Medical Association.
Report of Committee on Arrangements—L. L. Purifoy, El Dorado, chairman.
Report of Chairman of the Council—W. A. Snodgrass, Little Rock, chairman.
Report of secretary.
Report of treasurer.
Reading of communications.
Reading of memorials and resolutions.
Selection of the Nominating Committee.
Miscellaneous business.
Adjournment, subject to call of the president.

WEDNESDAY, MAY 20.

Second Day.

10 A. M.

General session, courthouse.
Calling meeting to order.
Invocation.
Address of Welcome—W. P. Bryant, mayor.
Response to the Address of Welcome on Behalf of the Arkansas Medical Society—L. P. Gibson, Little Rock.
President's Annual Address—F. B. Young, Springdale.
Adjournment.

2 P. M.

Courthouse.

SECTION ON DERMATOLOGY AND SYPHILOLOGY.

Chairman—James H. Chesnutt, Hot Springs.
Secretary—J. M. Proctor, Hot Springs.
1. Chairman's address.
2. "Malignant Degeneration of Skin Blemishes"—Wm. R. Bathurst, Little Rock.
3. "Syphilis of the Kidneys, with Report of Cases, with Treatment"—E. H. Martin and E. A. Purdum, Hot Springs.
4. "Diagnosis and Treatment of Syphilis of the Nervous System"—Loyd Thompson and D. W. Roberts, Little Rock.
5. "The Evolution of Knowledge Appertaining to Syphilis"—Abner H. Cook, Hot Springs.

WEDNESDAY—NIGHT SESSION.

8 O'clock.

Lyric Theater.

STATE MEDICINE AND PUBLIC HYGIENE.

Public Session.

Chairman—J. L. Greene, Little Rock.
Secretary—C. W. Garrison, Little Rock.
1. "Symposium on Tuberculosis"—
(a) What the Laity as Well as the Doctor Should Know About Tuberculosis, and Why—Sam E. Thompson, Carlsbad, Tex.
(b) Doctor, How Do You Treat Tuberculosis? What Serum or Vaccine Do You Use? A reply in brief detail to the inquiry of a medical friend—Boyd Cornick, San Angelo, Tex.
(c) Arkansas Tuberculosis Sanatorium—John Stewart, superintendent, Booneville.
Discussion—By W. S. Stewart, Pine Bluff; R. A. Hilton, El Dorado.

THURSDAY, MAY 21.

Third Day.

9 A. M.

Courthouse.

SECTION ON GYNECOLOGY AND OBSTETRICS.

Chairman—R. L. Saxon, Little Rock.
Secretary—O. B. Ward, England.
1. Chairman's address.
2. "Some of the Malformations of the Uterus and Vagina, with a Report of One of the Rarest Forms"—R. C. Dorr, Batesville.
3. "Emergency Gynecology in the Rural Districts, with Report of Cases"—S. W. Colquitt, McKamie.
4. "Relief of Uterine Inertia"—S. W. Douglass, Eudora.

5. Title not announced—G. C. Abell, Texarkana.
6. "Uterine Displacements"—Oscar Gray, Little Rock.
7. "Conservation of the Ovaries"—W. C. Dunaway, Little Rock.
8. "Report of Obsterical Cases"—W. H. Miller, Little Rock.

1:30 P. M.
Courthouse.

SECTION ON PRACTICE OF MEDICINE.

Chairman—C. J. March, Fordyce.
Secretary—S. J. McGraw, El Dorado.
1. Chairman's address.
2. "The Nasal Septum"—Robert Caldwell, Little Rock.
3. "Early Recognition of Diseased Tonsils and Adenoids"—W. T. McCurry, Little Rock.
4. "Modern Therapy of Some Common Eye Lesions"—L. H. Lanier, Texarkana.
5. "Report of Three Unusual Cases"—R. H. T. Mann, Texarkana.
6. "Some Things to Be Remembered by the General Practitioner"—G. E. Connon, Hope.
7. "Mucus Colitis"—Thos. Douglass, Ozark.
8. "Arterio-Sclerosis and Its Results"—H. T. Smith, McGehee.
9. "Alimentary Intoxication of Children"—R. A. Harkins, Ratcliff. Discussion opened by E. N. Lipe, Scranton.
10. Subject not announced—J. H. Weaver, Hope.
11. "Purpura, with Report of Cases"—James H. Chesnutt, Hot Springs.
12. "The Underestimation of Internal Medicine by Some Who Do Surgery"—C. S. Pettus, Little Rock. Discussion opened by R. L. Saxon, Little Rock.
13. "The Tests of Renal Function"—By Wm. H. Deaderick, Hot Springs.
14. "Pyloric Stenosis in Infancy"—Eugene Rosamond, Memphis, Tenn.
15. "Epidemics of Malignant Smallpox"—Frank B. Young, Springdale.
16. "Diagnosis"—T. F. Kittrell, Texarkana.

THURSDAY, 8 P. M.

Morning Service, Baptist Church.
Public Session.

FRIDAY, MAY 22.

Fourth Day.
8:30 A. M.
Courthouse.

SECTION ON PRACTICE OF MEDICINE.

(Continued.)

17. "Diagnosis and Cure of Malaria"—C. C. Bass, New Orleans.
18. Symposium on Pellagra—
(a) Paper—By H. Thibault, Scott.
(b) "My Observations of Pellagra and Report of Cases"—By T. E. Rhine, Thornton.
(c) "Pellagra Problems"—By J. L. Greene, Little Rock.
(d) Presentation of Cases—By Pellagra Commission, State Board of Health.
(e) "The Object of the Arkansas Pellagra Commission"—By F. B. Young, chairman, Springdale.
(f) Discussion opened by George Dock, St. Louis, Mo.

SECTION ON SURGERY.

11 A. M. Friday.
Lyric Theater.

Chairman—Chas. S. Holt, Fort Smith.
Secretary—Earl Hunt, Clarksville.
1. Chairman's Address—Charles S. Holt, Fort Smith, Ark.
2. "Anoci-Association"—George W. Crile, Cleveland, Ohio (illustrated with lantern slides). Discussion opened by W. F. Smith, Little Rock.
3. "The Relation of the Laboratory to the Work of the Surgeon" (illustrated with lantern slides)—By J. P. Runyan, Little Rock.

SURGICAL SECTION—Continued.

1:30 P. M.
Courthouse.

4. "Treatment of Congenital Palate and Lip Clefts"—Vilray P. Blair, St. Louis, Mo. Discussion opened by R. H. T. Mann, Texarkana.
5. "Metastatic Infections"—Benjamin D. Luck, Pine Bluff. Discussion opened by Gus Warren, Black Rock.
6. "Sarcoma of the Wrist"—Carle Bentley, Little Rock.
7. "The Story of a Vesico-Vaginal Fistula"—Anderson Watkins, Little Rock. Discussion opened by M. E. Foster, Fort Smith.
8. "The Surgical Treatment of Glaucoma"—Herbert Moulton, Fort Smith. Discussion opened by Frank Vinsonhaler, Little Rock.
9. "Retro-displacement of the Uterus and Its Treatment"—Robert G. Carlin, Fort Smith. Discussion opened by Charles Cargile, Bentonville.
10. "Injuries to the Skull and Brain, with Report of Cases"—W. A. Snodgrass, Little Rock. Discussion opened by R. C. Dorr, Batesville.
11. "The Surgical Treatment of Infections in the Abdomen, with Especial Reference to Iodine"—Dr. J. A. Crisler, Memphis. Discussion opened by Dr. Mahlon Ogden, Little Rock.
12. "A Case of Typhoid Intestional Perforation, Operation with Recovery"—Dr. E. F. Ellis, Fayetteville. Discussion opened by Dr. E. L. Beck, Texarkana.
13. "Spinal Analgesia and and Report of Cases"—Dr. R. A. Hilton, El Dorado. Discussion opened by Dr. S. J. Wolfermann, Fort Smith.
14. "Tumors of the Breast"—Dr. St. Cloud Cooper, Fort Smith. Discussion opened by Dr. R. C. Dorr, Batesville.
15. "Vesicle Calculi, with Report of a Case"—C. P. Meriwether, Little Rock. Discussion opened by W. T. Gabbard, Westfork.

New and Non-Official Remedies.

Since the publication of New and Nonofficial Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies:"

Scarlatina Strepto-Serobacterin, Mulford (Immunizing).—A sensitized scarlatina streptococcic vaccine, sold in packages containing three doses of killed sensitized streptococci. (The Council has at present no means for determining the identity and purity of serobacterins and these must therefore be used on the guarantee of the manufacturer alone.) (Journal A. M. A., April 11, 1914, p. 1168.)

Phenolphthalein-Agar. — Phenolphthalein-agar is agar-agar impregnated with phenolphthalein, 100 gm. containing 3 gm. of phenolphthalein. It has the properties of agar-agar augmented by those of phenolphthalein. The Reinschild Chemical Co., New York (Journal A. M. A., April 11, 1914, p. 1168).

Causticks (Silver Nitrate 75 Per Cent).—Wooden sticks 1½ inches long, tipped with a mixture of silver nitrate 75 per cent, and potassium nitrate 25 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York.

Caustick Applicators (Silver Nitrate 75 Per Cent).—Wooden sticks 6½ inches long, tipped with a mixture of silver nitrate 75 per cent, and potassium nitrate 25 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York.

Cupricsticks (Copper Sulphate 60 Per Cent).—Wooden sticks 1½ inches long, tipped with a mixture of copper sulphate 60 per cent, alum 25 per cent, and potassium nitrate 15 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York.

Stypsticks (Alum 75 Per Cent).—Wooden sticks 1½ inches long, tipped with a mixture of alum 75 per cent and potassium nitrate 25 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York (Journal A. M. A., April 25, 1914, p. 1328).

Since publication of New and Nonofficial Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R." Those accepted during the current month are made prominent by the use of capitals.

H. M. Alexander & Co.:

NORMAL HORSE SERUM; Typhoid Vaccine, Immunizing.

Antiseptic Supply Co.:

CAUSTICKS; CAUSTICK APPLICATORS; CUPRISTICKS; STYPSTICKS.

B. B. Culture Laboratory:

B. B. Culture.

Farbwerke Hoechst Co.:

Amphotropin; EREPTON.

Fairchild Bros. and Foster:

Trypsin.

Hoffman-LaRoche Chemical Works:

Thiocol; Syrup Thiocol, Roche; THIOCOL TABLETS.

Hynson, Westcott & Co.:

Phenolsulphonephthalein, H. W. & Co.; Phenolsulphonephthalein Ampules, H. W. & Co.

Merck & Co.:

Cerolin.

H. K. Mulford Co.:

ACNE SEROBACTERIN; Anti-Anthrax Serum, Mulford; Antistreptococcus Serum Scarlatina, Mulford; COLI SEROBACTERIN; Disinfectant Krelos, Mulford; NEISSER SEROBACTERIN; PNEUMO SEROBACTERIN; Salicylos; SCARLATINA STREPTO-SEROBACTERIN; Staphylo-Serobacterin; STAPHYLO ACNE SEROBACTERIN; Strepto-Serobacterin; Typho-Serobacterin.

Riedel & Co.:

NEW BORNYVAL.

Reinschild Chemical Co.:

PHENOLPHTHALEIN-AGAR.

E. R. Squibb & Sons:

SODIUM BIPHOSPHATE, Squibb; Tetanus Antitoxin, Squibb.

Aseptic Chemical Co.:

Freemann's Russian Mineral Oil. Having been found to comply in all respects with the requirements of the United States Pharmacopoeia for liquid petrolatum, and not being in conflict with the rules, the Council held Freemann's Russian Mineral Oil an official article not requiring admission to New and Nonofficial Remedies.

Propaganda for Reform.

Theobromin Sodium Salicylate Versus "Diuretin."—Theobromin sodium salicylate, now described in New and Nonofficial Remedies and sold by most pharmaceutical firms, was first introduced under the therapeutically suggestive name "Diuretin." While under its proper title it can be bought for 35 to 45 cents an ounce, the proprietary "Diuretin" costs $1.75 an ounce. An examination in the A. M. A. Chemical Laboratory has demonstrated that the quality of the product as sold under its chemical name is equal to that sold as "Diuretin." In view of these findings, physicians should learn to prescribe the drug by its chemical name (Journal A. M. A., April 4, 1914, p. 1108).

Tonsiline.—Newspaper advertisements assert that tonsiline is "a quick, safe, soothing, healing antiseptic cure for sore throat." From an analysis made in the A. M. A. Chemical Laboratory, it appears that a preparation like tonsiline will be obtained by mixing one ounce of tincture of ferric chlorid, one ounce alcohol and 280 grains potassium chlorate with sufficient water to make one pint. It contains drugs whose use for the purposes for which tonsiline is used are being abandoned. The objection to the indiscriminate use of tonsiline, which represents a saturated solution of potassium chlorate is evident (Journal A. M. A., April 4, 1914, p. 1109).

Gomenol.—Gomenol is a volatile oil which comes as a proprietary from France. The oil appears to be prepared from a plant closely related to that which yields oil of cajuput and the properties and therapeutic value of the two oils probably are about the same. Gomenol is sold under most extravagant claims (Journal A. M. A., April 4, 1914, p. 1110).

The Value of Mineral Waters.—The unprejudiced physician who is seeking to avail himself of the best therapeutic aids which modern medical science affords cannot help being baffled by the conflicting claims made by the crude balneotherapy of today. He sees numerous cases in which relief has unquestionably been obtained by patients who have visited one of the many springs in this country or Europe; but when he attempts to analyze the possibilities, including rest, change of diet and environment, and to determine some standard by which he may intelligently advise those who need his help, the result is a hopeless confusion of ridiculous claims. At present mineral water therapy is a hopeless confusion (Journal A. M. A., April 4, 1914, p. 1097).

The Serum Treatment of Tetanus.—The great value of anti-tetanus serum as a preventative is unquestioned. As a specific cure the serum has fallen short of expectation; nevertheless, it has decreased the mortality from tetanus. Tetanus antitoxin acts only on the toxin not yet combined with the nerve cells. This emphasizes the early and liberal use of antitoxic serum largely by intraspinal introduction in order to neutralize the toxin that still is free and on its way to the nerve cells, the necessity of thorough cleansing of the wound to remove all source of intoxication, and of conserving the strength of the patient in the hope that the morbid process caused by the toxin already in the nerve cells may be overcome (Journal A. M. A., April 11, 1914, p. 1174).

Salvarsan Therapy.—Wechselmann holds that the cases of salvarsan fatalities from encephalitis hemorrhagica were due to uremia, resulting from the irritation of the kidneys, in most cases damaged by administration of mercury. On the basis of this theory he argues for a pure salvarsan therapy in place of the generally combined mercury and arsenic treatment. He warns that salvarsan should be administered only after due consideration of the dose indicated and of the determination of absence of contraindications. No one can dispute that nearly all the deaths from salvarsan have been caused by its indiscriminate use, either in the face of contraindications or too large or too frequent dosage (Journal A. M. A., April 11, 1914, p. 1175).

Wine of Cardui.—Wine of Cardui has vogue among women who prefer to take their booze in the form of "patent medicines." It is sold by the Chattanooga Medicine Company. John A. Patten, reputed to be the chief owner, is prominent in the Methodist Episcopal Church organization. Wine of Cardui is advertised as a cure for all manners of female diseases, and though containing 20 per cent of alcohol, women and girls are advised to use it indiscriminately. Examination in the A. M. A. Chemical Laboratory makes it probable that Wine of Cardui is a hydro-alcoholic extract of blessed thistle, containing a trace of valerian, and that its medicinal properties are due principally to its alcohol content—20.36 per cent absolute alcohol by volume having been found (Journal A. M. A., April 11, 1914, p. 1186).

Urodonal, a French Proprietary.—Urodonal, which has been widely exploited in France, is said to contain lysidin, sidonal and hexamethylenamin along with other things, and to have a uric acid solvent power thirty-seven times greater than that of lithia. As urodonal is not to be found in New and Non-official Remedies, as the uric acid solvent powers of the three chief constituents are generally considered to be slight, and as the solvent powers of lithium salts for uric acid are admitted to be practically nil, the extravagant claims for the new shotgun pro-

prietary do not inspire confidence (Journal Missouri State Medical Association, April, 1914).

Hyperol.—Hyperol is exploited by the Purdue Frederick Company as "A Utero-Ovarian Corrective and Tonic" and is asserted to be "indicated in all functional diseases of women." It is claimed to contain hydrastin, aloin, iron salts, apiol and ergotin. A report of the Council on Pharmacy and Chemistry announces that hyperol conflicts with the following rules of the Council: "Rule 4, in that statements on the label and in the circular enclosed with the trade package advertise it to the public in the treatment of diseases; Rule 6, in that exaggerated and unwarranted claims are made for its therapeutic qualities; Rule 8, in that the name of this pharmaceutical mixture fails to disclose the potent constituents; and Rule 10, in that it is unscientific." The mixture is as unscientific as it is unnecessary. It cannot be adapted to any individual case; when ergot is indicated, apiol would naturally be contra-indicated; if aloes is appropriate, hydrastis may defeat the object sought. It is unnecessary, because no intelligent physician would prescribe such a combination of drugs in any given case (Journal A. M. A., April 18, 1914, p. 1271).

Friedmann Vaccine.—Referring to the exploitation of Friedmann's vaccine by Ex-Mayor Rose of Milwaukee, the Southern Medical Journal suggests that "Mr. Rose will be remembered by Alabama physicians as the apostle from the city made famous by certain brews of beer, who a few years ago came into our state to instruct from the public platform our people regarding the health-giving properties of alcoholic beverages. He is probably prompted by the same philanthropic impulses when he attempts to inform physicians and the public of the 'miraculous results' of the serum that made Friedmann famous as well as rich" (Journal A. M. A., April 18, 1914, p. 1272).

Friedmann and the Newspapers.—The officers of the Society of German Sanatorium Physicians protest against New York newspaper accounts which made it appear that their society had feasted Friedmann and endorsed his cure. Those who, incidental to a meeting of the society, inspected the Friedmann Institute were of the opinion that the cases under observation had been badly observed, and as a whole could not be considered as successes or cures (Journal A. M. A., April 18, 1914, p. 1273).

Pearl La Sage Complexion Treatment.—Pearl La Sage, Chicago, sells a beauty treatment by mail which is claimed "heals, soothes, cleanses, softens and beautifies the skin" and removes all kinds of blemishes. The treatment consists of tablets, capsules and laxative pills. The contents of the capsules and the tablets are to be dissolved in water and splashed on the face, one at night and the other in the morning. Examination in the A. M. A. Chemical Laboratory showed the capsules and the tablets to contain as essential constituents, phenolphthalein, borax and sodium carbonate. The pills appeared to contain cascara or some similar drug and a little alkaloid, probably strychnin (Journal A. M. A., April 25, 1914, p. 1345).

County Societies.

WASHINGTON COUNTY.

Whereas, The Washington County Medical Society has ordered this special meeting to commemorate John Young, M. D., late of Springdale, Ark. (Missouri Medical College, '76), a member of this society, whose decease occurred on the 24th of March, 1914; therefore, be it

Resolved, That in the decease of Dr. Young our society has lost one of its most loyal and most exemplary associates, of high professional attainments, overzealous for the honor of his calling in all its highest obligations and duties; a citizen of the strictest integrity, a despiser of shams and pretenses, a close friend, always outspoken for the higher ideals and for the right as God gave him to see the right.

Resolved Further, That these resolutions be spread upon a memorial page of our records, that a copy be furnished the widow, the secretary of the Arkansas State Medical Society and the secretary of the A. M. A.

W. B. Welch, M. D.,
A. S. Gregg, M. D.

FAULKNER COUNTY.

(Reported by J. S. Westerfield, Sec'y.)

The Faulkner County Medical Society met in Conway on April 16. Dr. G. W. Blakeley present and presiding.

The ordinary business was transacted.

Two new members were elected.

Dr. W. A. Snodgrass, counellor of the Eighth Dstrict, was present, and spoke encouragingly for organized medicine in this district.

Dr. Snodgrass read an interesting paper on "Infections of the Gall-Bladder," which was discussed.

Dr. Robert Caldwell of Little Rock was also present and favored the society with a very able and interesting paper, entitled "Acute Otitis Media of Childhood."

After the discussion of both papers the society adjourned to meet Thursday, June 18.

On account of the annual meeting of the Arkansas Medical Society, there will be no May meeting of the society.

ARKANSAS COUNTY.

(Reported by M. C. John, See'y-Treas.)

The Arkansas County Medical Society met in DeWitt April 14. Members present: Winkler, Park and Lumsden of DeWitt; Morphew, Moorhead and John of Stuttgart.

Dr. Winkler reported two cases—"Icterus Neonatorum," also read paper, "Topic to Avoid." The cases and paper were very interesting as shown by free discussion by all.

Dr. Park reported that he had succeeded in getting a member of the Hookworm Commission to come to Arkansas County to make examinations for hookworm.

The fee for making old line life insurance examinations was discussed and resolutions drawn up to be voted on at next meeting.

Society adjourned to meet in Gillett July 14, at 8:30 p. m.

SEVIER COUNTY.

(Reported by M. L. Norwood, See'y.)

The Sevier County Medical Society met in Lockesburg April 21, with the following members present: Drs. Kitchens, Beauchamp, Wisdom, Archer, Hammond, Hopkins, Hendrix, of DeQueen; Drs. Clingon and Musser, of Ben Lamond; Drs. Hopson and Norwood, of Lockesburg.

Dr. E. W. Hopson of Lockesburg read a paper, "Artificial Feeding of Infants," which was freely discussed.

Dr. C. A. Archer of DeQueen gave us a paper on "The Business Side of the Profession," which elicited extensive discussion.

The society was the guest of the local profession at the Lockesburg Hotel.

Society adjourned to meet in Ben Lamond the second Tuesday in June.

JEFFERSON COUNTY.

(Reported by J. T. Palmer, See'y-Treas.)

Pine Bluff, April 22, 1914.—The Jefferson County Medical Society met in regular session on the evening of April 7, with the following members present: Drs. Luck, Woodul, McMullen, Blankenship, Breathwit, Stewart, Doss and Palmer.

The meeting was devoted strictly to business. The resolution which was offered at our March meeting relative to insurance examinations were rejected. Four committees, composed of two each, were appointed to confer with the members who were supposed to be doing insurance examinations in violation of the by-laws and constitution of the Jefferson County Medical Society.

A motion to adopt the Shreveport resolution relative to mortuary reports was carried and the secretary ordered to write our congressman, making known to him the fact that we were favorable to said resolution.

Dr. E. C. Pyatt of Sherrill made application for membership, which will be acted upon at our next regular meeting.

SEBASTIAN COUNTY.

(Reported by Dred R. Dorente, See'y.)

Fort Smith.—The Sebastian County Medical Society met in this city at 8 p. m., April 14, in the Carnegie Library.

The annual election of the staff of the Sparks Memorial Hospital was as follows: J. G. Eberle, A. E. Hardin, H. Moulton, G. F. Hynes, St. Cloud Cooper, C. S. Holt, J. McGinty and R. G. Corlin.

Public Meeting.

An open session of the Section on Eye, Ear, Nose and Throat of the Sebastian County Medical Society was held at the Carnegie Library April 20. Dr. Buckley presided at the meeting and the program was one that interested all present, as it explained the reason for a great many of the difficulties of the school room and the remedies for them. Bad air and light are the causes of a great many of the diseases of the eye, ear, nose and throat, but all the speakers stated that the public school buildings of this city, which are modeled on the latest and most sanitary and hygienic architecture, are not open to this criticism. Defects in seeing, hearing or

breathing often get the pupil credit for being a dull child.

The program included papers by Dr. H. Moulton on "The Causes of Visual Defects," a paper that was illustrated by a number of slides; Dr. A. F. Hoge on "The Diseases of the Eyes of Infants;" Dr. J. W. Looney, "Injuries to the Eyes of School Children;" Dr. D. R. Dorente, "Diseases of the Tonsils and Adenoids;" Dr. E. G. Epler, "Deafness." The papers explained that while a number of defects might exist at birth, how they were aggravated by improper conditions in the school room, and the symptoms that would aid the teacher in locating the cause were explained.

The nurses of St. Edward's Infirmary attended in a body.

Meetings similar to these are held in New York, Philadelphia, Baltimore and other places that are noted for the standing of their medical fraternity and have been found most beneficial to the public.

Book Reviews.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D., professor of therapeutics, materia medica and diagnosis in the Jefferson Medical College, Philadelphia, assisted by L. F. Appleman, M. D., instructor in therapeutics, Jefferson Medical College, Philadelphia. Volume XVI, March 1, 1914. Published by Lea & Febiger, Philadelphia. Price, $6.00 per annum.

In this number of Progressive Medicine will be found the following articles:

"Surgery of the Head and Neck." Dr. Charles H. Frazier decribes the pineal body, the hypophysis, trigeminal neuralgia, the facial nerve, the surgery of the auditory nerve, trauma, malformations and deformities, repair of defects in the skull, plastic operations on the dura, local anesthesia, hemostasis in operations on brain and skull, the value of roentgenology in diagnosis, cancer, sarcoma, tuberculous cervical lymphadenitis, tumor of the carotid body, the thymus gland, the mammary gland, hygroma of the neck.

"Surgery of the Thorax, Excluding Diseases of the Breast." Dr. George F. Muller, M. D., describes surgery of the heart, cardiolysis, surgical treatment of tuberculosis, major operative methods, and carcinoma of the esophagus.

"Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia and Influenza," by John Ruhrah, M. D.

"Diseases of Children," by Floyd M. Crandall, M. D.

"Rhinology and Laryngology," by George B. Wood, M. D.

"Otology," by Arthur B. Duel, M. D.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE.—By James M. Anders, M. D., Ph. D., LL. D., professor of medicine and clinical medicine, Medico-Chirurgical College, Philadelphia. Eleventh edition, thoroughly revised. Octavo of 1,335 pages, fully illustrated. Philadelphia, W. B. Saunders, Company, 1913. Cloth, $5.50 net; half morocco, $7.00 net.

The eleventh edition of this well-known work has been revised and many important additions and new subjects are discussed. Among them may be mentioned: McPhedran's sign of peritonitis in typhoid fever; Burke's reflex sign in typhoid fever; Prendergast's test in typhoid fever; phlebotomy and transfusion in hemorrhage of typhoid fever; hot air inhalations in diphtheria; effect of atophan in gouty subjects; radium emanations in gout; streptococcus tonsillitis; Lane's kink of the ileum; status thymicolymphaticus, etc.

Among the subjects that have been rewritten we find: Anti-typhoid vaccination, diseases of the thymus gland, and pellagra.

The Journal feels confident that this recent edition will maintain the same position and high standing which previous issues have deservedly held.

SCIENTIFIC MEDICINE.

In a modest announcement which appears upon another page of this Journal, Messrs. Parke, Davis & Co. make pertinent allusion to the research and analytical work carried on in their finely equipped scientific laboratory in Detroit and to their work of standardization. We say "pertinent" because today is pre-eminently the day of scientific therapy. Manifestly, the practice of medicine is now upon a higher plane than it has occupied in any previous period of its history. The trend is undoubtedly toward an earnest, conscientious effort for greater accuracy in therapeutics. Parke, Davis & Co. have kept well in advance of the movement for a truer and surer therapy, as must be evident to any student of the history of the house. Indeed, the position which they occupy in this respect gives assurance that any new product offered by them is not an experiment; that it has been amply tested and found worthy of confidence; that claims as to its therapeutic efficacy are not visionary, but based upon the observations of reputable clinical investigators.

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